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**Military veteran transition into employment and civilian engagement  
a walking with the wounded evaluation**

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# **MILITARY VETERAN TRANSITION INTO EMPLOYMENT AND CIVILIAN ENGAGEMENT: A WALKING WITH THE WOUNDED EVALUATION**

Thesis submitted for

Degree of Doctor of Philosophy in Psychological Medicine by:

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## Abstract

### Introduction:

For the majority of those who leave the Armed Forces, reintegration into society is generally smooth and veterans are more resilient than the public believe. The minority who struggle to adjust to life outside the services report finding it challenging fitting in to post-service life and identity. These individuals often require additional support to truly resettle, which may be provided through third-sector services. There is currently little UK based evidence on the appropriateness and effectiveness of the third-sector provision for the Armed Forces community. There is also limited knowledge on UK military-civilian occupational identity.

### Methods:

This thesis employed a mixed methods approach to address these gaps. The study data came from an independent evaluation of the support provided by the charity Walking With The Wounded (WWTW); Head Start, a mental health programme; First Steps, an vocational support programme; and Home Straight, an employment support programme for homeless veterans. Alongside this, interviews were conducted with beneficiaries of the charity to provide an understanding of the needs/views of both their WWTW and post-military experiences. WWTW aimed to use this evaluation to improve their service provision.

### Results:

The Head Start programme achieved sustained, significant clinical improvement in anxiety symptoms, with significant improvements in functional impairment for those who achieved clinically symptomatic improvement. This was not found for symptoms of depression. Due to low response rates, First Steps and Home Straight could only be evaluated qualitatively. Additionally, qualitative exploration led to the identification of five veteran identity typologies (Transformed Veteran, Civilian Veteran, Enduring Soldier, Lost Veteran and Rejected Veteran), each with varied social and economic outcomes. Findings suggests that acceptance of identity change (influenced by validation, gratitude, military support and group status) contributes to our understanding of the relationship between pre-discharge and discharge experiences/identity and post-military identity.

### Conclusion:

Findings suggest that occupational identity may be crucial for later occupational and societal integration and support services have a vital role in aiding this process (alongside earlier resettlement provision). The recommendations and implications for these findings include, increasing the harmony and collaboration by necessary AF community stakeholders (e.g. charities, government, civilian employers and the AF) to encourage positive transition and acceptance of change. This may include psychological preparation for civilian life and work, both earlier in the discharge process and in later third-sector support for those who continue to find the transition a challenge. The role work readiness and support services play in occupational transition is also discussed.



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## Statement of Contribution

This thesis stems from a routine service evaluation of the charity Walking With The Wounded (WWTW). WWTW approached the King's Centre for Military Health Research (KCMHR) at King's College London for advice about how to conduct an evaluation of three of their programmes. A PhD was proposed and agreed to by WWTW.

I designed and conducted both systematic reviews and summarised the information arising from them, using the findings in my advice to WWTW and the qualitative and quantitative aims of the study. I provided advice to WWTW on the type of evaluation, measurement tools, data collection methods and time points and follow-up. Informed by the related systematic review, a pilot study was conducted to inform my advice on the work readiness tool for the WWTW evaluation. Data collection was coordinated by me although some of the data came directly from WWTW, with data securely transferred to me upon evaluation completion for pseudo-anonymised analysis (for which ethical approval was prepared for, sought and approved). I cleaned and managed the data and designed the analytical strategies and conducted all analyses for data presented in this thesis.

Whilst WWTW fully funded this PhD, the study was conducted independently of the charity. As the study was an independent project, additional to the evaluation of WWTW, I developed a secondary aim for this thesis, to qualitatively explore post-military experiences specifically the role of occupational identity. This aim was born out of my personal interest in occupational identity and the charity's focus on employment outcomes. I designed and developed the qualitative study, prepared, submitted and obtained ethical approval, including all relevant documentation. As the interviews were partly a qualitative evaluation of WWTW and partly for the secondary thesis aim, the details of participants who gave their consent to take part in qualitative interviews were securely transferred to me by WWTW. I then independently conducted 32 interviews and analysed the data using a method of my choice.

All work undertaken was conducted under the supervision of Professor Neil Greenberg, Dr. Laura Goodwin and Dr Sam Brooks.



## **Statement of Authorship**

The writing, editing and drafting of this thesis was conducted by Rebecca Dunn. Professor Neil Greenberg, Dr Laura Goodwin and Dr Sam Brooks provided comments on all chapters and on the final draft. Dr Marie-Louse Sharp provided additional comments on my Methods chapter due to her experience of mixed methods research.

## Abbreviations

Acronym	Meaning
AF	Armed Forces
CAAS	Career Adapt-Abilities Scale
CMI-C	Career Maturity Inventory
COBSEO	Confederation of Service Charities
CTP	Career Transition Partnership
CV	Civilian Veteran
ES	Enduring Soldier
ESL	Early Service Leaver
ExSP	Ex-Service Personnel
FA	Framework Analysis
GAD-7	Generalised Anxiety Disorder 7 item measure
IAPT	Improving Access to Psychological Therapies
ICECAP-A	Investigating Choice Experiments CAPability measure for Adults
IPS	Individual Placement Support
LV	Lost Veteran
$\bar{x}$	Mean
MOD	Ministry of Defence
NCO	Non-commissioned officer
NHS	National Health Service
NVivo	Qualitative Coding Software
PHQ-9	Patient Health Questionnaire 9 items, measure of probable depression
PTSD	Post-Traumatic Stress Disorder
RAF	Royal Air Force
RRTW	Readiness to Return to Work Scale
RTW	Return To Work
RV	Rejected Veteran
Sd	Standard deviation
STATA	Quantitative data analysis and statistical software program
TV	Transformed Veteran
UIN	Unique Identification Number
WHO	World Health Organisation
WSAS	Work and Social Adjustment Scale for social
WWTW	Walking With The Wounded

## Glossary

Term	Meaning
Armed Forces Covenant	A social and moral commitment between society and the Armed Forces community, to ensure that those who serve(d) and their families are treated fairly.
Civvy Street	Colloquial term used by military personnel referring to civilian life after leaving service.
Deployment / Deployed	Movement of Armed Forces on operations around the world to conflict zones, humanitarian disasters or for peacekeeping. Operational tour lengths for UK services are six-months deployed, with 24 months in between deployments.
Early service leaver	An individual who has left service within the minimum term of 4 years.
Enlisted personnel	Military personnel below that of Officer/NCO rank (e.g. Private, Rating)
Ex-Service Personnel	Military personnel who have left service, also termed as veterans
Framework Analysis	A systematic and staged qualitative analytical method.
Identity	Sense of self; who am I? Identity is made up of different parts of the self, such as occupational identity.
Involuntary discharge	Personnel leaving military service against their choice/will (e.g. from medical reasons to poor conduct)
Meta-ethnography	A qualitative data synthesis method.
Non-Commissioned Officer	Enlisted Service personnel who have been promoted up through the ranks. Holds some degree of authority over lower ranked personnel. Includes corporal, sergeant, or petty officer ranks.
Occupational identity	An aspect of personal identity. Identification with occupation, signified by the importance that their job plays in their life.
Officer	Service personnel who obtain their commission directly into the officer grades following completion at military academy
Organisational identity	Identification with the establishment/institution, more than the role/job (e.g. the Army more than their trade or being an engineer)
Regular personnel	Full-time Service personnel
Reserve personnel	Voluntary Service personnel who, following basic training, complete a specific number of training days per year at weekends or evenings

Resettlement	The process of preparing to re-enter the civilian environment, through courses, advice/support, workshops, etc.
Role identity	Identification with a role/duty/task-based job (e.g. an engineer)
Service Branch	The division of the military someone is serving in (e.g. Army, Navy)
Temperamental unsuitability	Failure to meet psychological demands of service, as assessed upon recommendation of a health professional.
Transition	The process of leaving service and re-entering civilian society
Veteran	The UK definition is anyone who has served at least one day in the Armed Forces, and has left service
Voluntary discharge	Personnel making their own decision to exit military service
Work Readiness	Someone's intention to work and their knowledge of what that means. Allied to this are the psychological resources, such as self-efficacy, resilience and adaptivity, to enable someone to work successfully, rather than simply the skills to work

## CHAPTER 1: Introduction

The Armed Forces (AF) have many duties and purposes, including strategic intelligence, civilian emergency support and to engage the enemy, often putting themselves in harm's way to defeat their enemy and protect their country and each other. There is an expectation of loyalty and commitment, self-sacrifice and mutual trust to solidify morale and a sense of enduring camaraderie. AF personnel undergo intense training and have a duty to follow all legal orders, in a rigid organisation with strict hierarchies and social structures (Segal, 1986). The AF therefore may lay the foundations for a strong, stable sense of self, developing an occupational identity (a specific type of social identity) by adopting the core values and social characteristics of the organisation (Tajfel, 1978). Thus, upon exit, there is likely to be a renegotiation of the self, attempting to understand how to fit in within the civilian world, a world they may not be particularly familiar with anymore. Not only do personnel need to plan the logistics of post-military life whilst they are still serving (e.g. employment and housing), they may also need to build a new social network and an understanding of who they are without the scaffolding of the AF culture.

In the UK, 'veteran' is used to describe someone who has left the AF and has had at least one day's pay/service (Ministry of Defence, 2011). As of October 2018, 20,240 (10.53% of the total force) UKAF personnel leave the AF each year becoming veterans. This figure comprises 14,760 regular personnel and 5,480 reserve personnel, a proportion that has remained relatively stable over recent years (Ministry of Defence, 2016b, 2017a, 2018a). In 2010, the Ministry of Defence (MOD) initiated a process of downsizing the UKAF, placing more reliance on the reserve personnel; this was termed the Future Reserve Force 2020. This is part of the Ministry of Defence's alterations to the current military organisation in the UK aiming to establish a more home-based force; reflecting the way the AF engage with society and civilians, enhancing the reserves regional identity. The current veteran population estimate in the UK is 2.5 million, 37% of which are estimated to be of working age (Ministry of Defence, 2017b); the remainder are aged 65 years and over including veterans from less recent conflicts such as World War Two, Suez, Malaya, Northern Ireland Bosnia, Kosovo and the Falklands conflict.

This chapter covers some of the main areas for consideration in developing an understanding of the socio-political landscape of the veteran community and the support needed and provided, while paving the way for the outline of the thesis. It will also frame the design and analysis of the mixed methods investigations.

## **1.1 Leaving the Armed Forces - transition**

### **1.1.1 Reasons for discharge**

According to Defence Statistics (Ministry of Defence, 2018b), AF personnel leave the forces for a number of reasons including: voluntary discharge before the end of the agreed term; redundancy programmes; and other reasons which include but are not limited to reaching the end of the contracted period, involuntary discharge (disciplinary, medical discharge, being deemed unsuitable), before completing basic training, and for unspecified reasons. It is entirely possible that some personnel may have served their whole adult/working life, having no adult experience of the civilian world, whilst others may have served for a much shorter time. Entering 'civvy street' and the civilian labour force will differ considerably for these groups of individuals.

Reason for discharge is an important factor in the military-civilian transition. The MOD recently updated their 2017-Armed Forces Continuous Attitudes Survey (Ministry of Defence, 2018b) and report the main reasons for voluntarily putting in notice to discharge are: impact of service on family and personal life (54%); current job satisfaction (43%); opportunities outside of the service (40%); personal morale (31%); pay (30%). The top three reasons for leaving service are occupationally related to some extent, which is likely to lead to leavers placing a high importance on gaining post-military employment, likely to be a significant stressor. Involuntary discharges, however, come with additional complications and pressures. Leaving unexpectedly, and consequentially in an unplanned way, such as administrative discharges, may not allow service personnel time to access educational and vocational support to aid in their transition (van Staden et al., 2007). Similarly, personnel being medically discharged, particularly with physical injuries but also for mental health problems (Stevelink et al., 2015), and may also miss out on transition preparation while going through rehabilitation for their injury and adapting to life with an impairment. Unexpected discharges may set personnel off on a disadvantaged start to their post-military lives. Cognitively, unplanned or involuntary discharges may leave service personnel not feeling ready to be a 'civilian' (Hammond, 2015; Smith & True, 2014).

### **1.1.2 Resettlement**

In the UK, the process of preparing to re-enter the civilian environment, known as military resettlement, should begin two years prior to planned discharge. The resettlement programme has been reviewed in recent years, ensuring that all service personnel regardless of length of service are able to receive needed guidance, including Early Service

Leavers (ESLs; those who have served less than four years), acknowledging the latest evidence concerning this at-risk group (Buckman et al., 2013). However, the provision of support is a graduated system, where in part individuals are rewarded for their long service, but based on the thought that long service may have caused ‘institutionalisation’ (Higate, 2001). Or, based on a reverse culture shock (Bergman, Burdett, & Greenberg, 2014) potentially resulting in problems with resettling into civilian life and psychologically adjusting to the change in circumstance and identity.

The current resettlement programme is provided by the Career Transition Partnership (CTP), an organisation offering support to ex-service personnel as well as acting as an intermediary between the veteran and civilian organisations wishing to hire a veteran. Provision includes:

- Tier one, Future Horizons – for those with less than four years’ service (ESL). A one-off consultation pre-discharge with an employment advisor which involves a full assessment to identify a new career path, the key skills required for it, any barriers to achieving the goal, as well as housing and financial advice.
- Tier two, Employment Support Programme – for those with four to six years’ service. Support can begin six months pre-discharge, including consultations (CVs and interview skills), employment fairs, online job search service, as well as referral to the Regular Forces Employment Association (RFEA) for later employment support two years or more after discharge. Personnel are also offered guidance and support on housing, welfare and financial information.
- Tier three, Full Support Programme – for those who have served more than six years or who have received a medical discharge. Personnel are allocated a Personal Career Consultant for the duration of their resettlement process, who will help find a career path, identify the skills required and potential barriers, as well as providing social and welfare advice. They are also able to access lifetime job search assistance through the RFEA. Workshops, fairs and training courses are offered, alongside ‘attachments’ where personnel can gain work experience in potential new roles or industries to see how well suited they may be. Furthermore, personnel are able to utilise graduated resettlement time up to two years prior to discharge, whereby they are given allocated time off duties to access sources of support or training.

Lord Ashcroft’s Transition Reviews in 2014 and 2017 listed several recommendations, one of which importantly highlights; *“Perhaps the most important factor in a successful transition is the mindset of the individual Service Leaver”* (Ashcroft, 2014, p. 13) and that

preparation and planning is essential. In this context, *mindset* refers to the knowledge and information an individual holds that influences their behaviour and decisions (Ashcroft, 2014). The resettlement program is designed to prepare the service leaver as much as possible to facilitate a smooth and seamless transition.

### 1.1.3 The Armed Forces Covenant

The Armed Forces covenant<sup>1</sup> acts as a social and moral commitment between society and those that serve in the AF, and was brought into law in 2011 (Ministry of Defence, 2011). However, prior to 2011, the covenant came under criticism for not fully supporting the military community and their families, leaving them adversely effected by their service. In 2007, the Royal British Legion started a campaign, “Honour the Covenant”, which highlighted perceived breaches based around three issues; quicker inquests for bereaved families, the AF compensation scheme to be more generous and compassionate, and healthcare and welfare support to be more timely, appropriate and compassionate. This campaign become the focus of that year’s Poppy Appeal and thus reached public and government attention. In 2010, the government set out to convert this social agreement into law to ensure that all personnel are never to be disadvantage for having served.

The AF Covenant is a legal agreement between the AF community, the civilian society and the government (Ministry of Defence, 2011). It sets out a framework for the treatment of the AF community, including guidance on healthcare, housing, education, transition, deployment, benefits and tax, recognition and support after service. The government encourages businesses to sign the agreement, who thus promise to uphold the guiding principles; to date, approximately 3000 organisations have signed the agreement<sup>2</sup>.

However, the recent AF continuous attitudes survey (Ministry of Defence, 2018b) revealed that only 74% of personnel are aware of the AF Covenant (89% of Officers and only 46% of enlisted ranks). This is a worrying figure as most of the need is among enlisted rank personnel. Across the four service branches, only 9-12% stated they “*knew a lot about it*”. Communication of this support framework may require further thought to ensure all personnel have a better understanding of the care, support and advice available to them.

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<sup>1</sup> A social, moral and legally binding commitment between society and the Armed Forces community, to ensure that those who serve(d) and their families are treated fairly.

<sup>2</sup>Businesses who have signed the Armed Forces Covenant – <https://www.gov.uk/government/collections/armed-force-corporate-covenant-signed-pledges>



## 1.2 Leaving the Armed Forces – navigating the transition

The definition of transition varies based on the academic background from which it comes, but general consensus suggests that it is the response to change over time involving reconstructing a valued identity, and where adaptation to a new situation or circumstance is required to integrate the change into everyday life (Kralik, Visentin, & van Loon, 2006). Van Gennep (1960) states that transitions are cultural and social changes in expectations and roles are rites of passage throughout life. The theory describes that major transitions occur in three stages, pre-liminal (separation), liminal (in-between-ness) and post-liminal (integration). This approach to transition will provide the theoretical framework for transition in this study.

Although most service leavers navigate their transition smoothly, a minority, particularly those who develop problems whilst serving, appear to be at increased risk of poorer mental health, employment instability and housing complications (Hatch et al., 2013; Iversen & Greenberg, 2009; Macmanus & Wessely, 2013). This further highlights the importance of support programmes such as resettlement, to give personnel a good stepping point from which to proceed. Other post-service adverse outcomes occur, but these are the main issues managed by support services, and thus will be discussed in greater detail in this chapter and thesis.

*“A good transition is one that enables ex-Service personnel to be sufficiently resilient to adapt successfully to civilian life, both now and in the future. This resilience includes financial, psychological, and emotional resilience, and encompasses the ex-service person and their immediate families.” (FiMT, 2013, p. 5).*

### 1.2.1 Mental health and wellbeing

Contrary to much societal thought (Ashcroft, 2012; Dandeker, Goodwin, McCartney, & Duffy, 2015; McCartney, 2011), 92% of service leavers transition into civilian life as mentally fit and well (Ashcroft, 2012). The most recent veteran’s population survey by Defence Statistics suggests that most veterans are in fact doing well compared to matched non-veterans from the general population (Ministry of Defence, 2017a); veterans were as likely as non-veterans to own their own home (75% vs. 77% respectively), as likely to be employed (78% vs. 79% respectively) and as likely to be in good general health (35% vs. 36% respectively). Goodwin et al. (2015) compared common mental health problems in serving military personnel to the general working population, finding it to be higher in military personnel but stable (~18.5% vs. 10.1%). Recent research by Stevelink et al.

(2018) shows the prevalence of common mental health problems to be 19.7% for combat service personnel and 30.7% for combat ex-service personnel, and remains higher than the general population when compared to the latest National Census (15.7%; NHS Digital, 2014); although it is important to note that different measurement tools are often used. Although the research is scarce and possibly out of date, suicide rates are found to be lower in the veteran population than in the general population (Fear et al., 2009; Kapur, While, Blatchley, Bray, & Harrison, 2009); with males under 24 years, those who served in the Army for a shorter period of time and were of lower rank were at increased risk particularly within the first two years post-discharge (Kapur et al., 2009). Harden and Murphy (2018) point out that suicidal ideation in veterans is associated with pre-service adversity, being an ESL, unemployment and taking more than five years to seek help.

Until recently, PTSD rates have been stable and estimated to be 4-6%, largely comparable with rates in the general public of 4.4% (Fear, Jones, et al., 2010; Hunt, Wessely, Jones, Rona, & Greenberg, 2014; NHS Digital, 2014). However, recent evidence (Stevenson et al., 2018) has found that probable PTSD rates are higher and influenced by serving status and role (e.g. support vs. combat); approximately 6.2% of combat service personnel, and up to 17.1% in ex-service personnel whose last deployment was in a combat role (compared to 3.7% in combat support serving personnel, and 5.7% in combat support ex-service personnel). Delayed-onset-PTSD could be one difference with the general public, found to account for 44% (n=101) of all cases in a military study sample (Goodwin et al., 2012). These statistics are in stark contrast to thoughts of the general public, who believe that approximately half of all veterans (54%) have a mental, physical or emotional problem, with this estimation increasing to two thirds (61%) for 18-24 year old veterans (Ashcroft, 2017).

Some evidence suggests that mental health outcomes could be poorer in veterans, but there are different factors to explain this as well as those associated with service, including the predisposing vulnerabilities that people may bring when they join the forces. As stated earlier, evidence suggests that veterans with pre-service adversity and veterans who develop mental ill health during service are more likely to be vulnerable to post-service disadvantage including unemployment, homelessness, isolation and poorer health in general (Harden & Murphy, 2018; Hatch et al., 2013; Iversen & Greenberg, 2009; Iversen, Nikolaou, et al., 2005; Macmanus & Wessely, 2013; Rosenheck, Frisman, & Chung, 1994). Two further at risk groups for developing post-military mental health problems include veterans from the reserves as they do not have access to the same support networks as regular personnel (Iversen & Greenberg, 2009) and ESLs (Buckman et al., 2013). In fact,

length of service has been found to be a protector for adverse mental health outcomes (Bergman, Mackay, Smith, & Pell, 2016). Although the exact reasons for this are unclear, it may be due to pre-existing conditions or childhood vulnerabilities (Cabrera, Hoge, Bliese, & Messer, 2007; Iversen et al., 2007) not picked up during recruitment which may manifest during early service and lead to early discharge (voluntary and involuntary). Similarly, veterans who served in the Army in the lower ranks and were single (possibly due to low social support) were more likely to suffer from post-service mental ill health (Iversen, Dyson, et al., 2005). Of those who struggle with their mental health after service, common mental disorders were the most prevalent compared to PTSD. Iversen and Greenberg (2009) reviewed a selection of studies on veteran mental health and concluded that adjustment disorder, alcohol misuse, depressive disorder, personality disorder, PTSD and drug misuse were the most common, in order of prevalence. This highlights that PTSD is not the most prevalent outcome of those struggling after military service, contrary to media profiles.

When personnel leave the AF, their care becomes the responsibility of the National Health Service (NHS) with specialist veteran service provision available. The AF Covenant was enshrined in law to account for failings in the care of the military communities. The Covenant states that veterans should not be disadvantaged as a result of their service, and be a priority to the NHS for problems relating directly to their service (physically and mentally), being treated in a way that represents society's moral obligation while respecting individuality (Ministry of Defence, 2011). Alongside the AF Covenant, the government published a report, 'Fighting Fit' (Murrison, 2010), detailing the aim to deliver better-quality mental health care for serving and ex-service personnel, focusing on early intervention, additional specialist services and funding for such to reduce waiting times and increase provision. One such service was the Military Mental Health Helpline which launched in February 2018<sup>3</sup>, operated by Combat Stress. Despite these specialist provisions, help-seeking remains moderate to low in this population; a study (Stevellink et al., 2019) on serving and ex-service personnel found that while informal help-seeking (e.g. social support) was relatively high at 86%, only 55% sought professional medical support, and 7% sought no help. Symptom severity and functional impairment were the primary predictors for help-seeking (Iversen et al., 2010b; Stevellink et al., 2019).

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<sup>3</sup> Military Mental Health Helpline - <https://www.contracts.mod.uk/blog/military-mental-health-helpline/>

The term veteran is often used alongside labels such as 'hero' and 'warrior' reinforcing the notion of physical and mental strength, self-reliance/sufficiency and enduring resilience. These terms are sometimes used by charities to raise their profile and draw on public emotions, but also by the media to gain increased attention and sometimes controversy. However, this is often at odds with veteran internal identification as well as the traditional mental health narrative (Smith & True, 2014). It is therefore not surprising that some veterans may be reticent to accept they may be experiencing difficulties or seek help. Data suggests that between 69-97% of veterans with a mental health problem perceived that they had a problem, with only 80% of these individuals in receipt of professional help. However, a preference was found toward informal and non-medical sources of support (e.g. friends, chaplains) rather than medical treatment such as medication or counselling (Iversen et al., 2010a). Self and public stigma surrounding mental health in general and mental health in military personnel is a significant barrier to gaining the support needed (Coleman, Stevelink, Hatch, Denny, & Greenberg, 2017), with veterans believing that they are to blame for their difficulties, that they may be judged in a negative way and that a diagnosis and/or treatment may have long-term occupational implications.

### **1.2.2 Employment**

Gaining employment is particularly important for individuals transitioning from an environment with a strong identity, such as from the AF to a civilian citizen. In fact, employment is a key factor in any successful transition, whether it is from being a teenager/student to an adult, or a migrant in a new country, or from the AF, and is important in forming the foundations of a changing identity (Blank, Harries, & Reynolds, 2015; Colic-Peisker & Tilbury, 2004). Putting the financial benefits of employment aside, we know that having an occupation is generally good for our wellbeing (Law, Steinwender, & LeClair, 1998); it fulfils our need to be busy and 'do', giving us a sense of achievement and self-worth. It enables one to provide for loved ones, establish a social network, to be challenged, whilst also giving purpose and identity. Without employment, some individuals may have trouble finding meaning in life, it may cause financial or relationship problems, and lead to isolation (Christiansen, 1999). Changing jobs and careers, however, can have both a significant positive and/or negative impact upon our sense of who we are and our wellbeing. Employment is better than unemployment, but it is specific to the quality of work, and poor work (as well as underemployment) may not be better than no work (Butterworth, Leach, McManus, & Stansfeld, 2013).

The AF Covenant does not specifically set out any guidelines for civilian employment

(Ministry of Defence, 2011), but civilian organisations are encouraged to sign the agreement to publicly state that they are a 'forces friendly' organisation and pledge to support the AF community under the principles of the Covenant. The specifics of support by each business differs and may range from offering gateways for veterans into employment, to AF support networks within the company. As of late 2018, approximately 3000 organisations signed the AF Covenant vowing to support veterans the community with employment (Ministry of Defence, 2017b). However, in-house organisational research by Deloitte LLP (2016) and Barclays Bank (2016) revealed that in practice businesses may not be ready for the number of veterans in the civilian workforce, demonstrated by a lack of awareness and intrusive interview procedures.

While the Covenant does not mention employment per se, job preparation assistance is the main focus of the transition pledge of the agreement, through the MOD's transition programme, the CTP. However, even with support from the CTP, some veterans struggle to gain and maintain employment status. Although Defence Statistics report that there is little difference in veteran and non-veterans employment rates (Ministry of Defence, 2017a), the Royal British Legion (2016) report a slightly bigger gap, with veterans nearly twice as likely to be unemployed as non-veterans (11% vs. 6% respectively). One of the bottom line reasons for this is thought to be around numeracy and literacy upon recruitment into the AF, with up to 50% estimated to be below that required for primary school (Vorhaus, Swain, Creese, Cara, & Litster, 2012), which may be associated with recruitment drives in more deprived areas of the country. This subsequently has an impact on post-service employment. There is also often a difference in pace and excitement of life when moving from a military role to a civilian role (Herman & Yarwood, 2014; Koenig, Maguen, Monroy, Mayott, & Seal, 2014), as well as being challenged in finding a civilian role that utilises the specialist and unique skillset some may have gained (e.g. bomb disposal, sniper). In many instances, military skills (and sometimes qualifications) are not recognised in the civilian labour market, despite extensive training and high pressured experience. This can consequently lead to underemployment, which refers to poor quality employment, below that which one is qualified or able to perform; a prominent problem within the veteran community (MacLean, 2016; McKee-Ryan, Song, Wanberg, & Kinicki, 2011). Veterans report a mismatch in expectation and reality, in both the types of roles available and the salaries achieved (Ahern et al., 2015; Walker, 2013), with real differences in salaries found to exist between veterans and non-veteran counterparts (MacLean, 2016).

Furthermore, cultural differences within the work environment and with work colleagues

can also be a challenge for many transitioning out and can remain a difficulty for some for many years to come (Brunger, Serrato, & Ogden, 2013; Kukla, Rattray, & Salyers, 2015). Social/environmental differences, timekeeping and respect are issues that raise much frustration and disappointment in their new civilian lives; *“I just could not tolerate working for somebody who was inefficient and disorganized.... And I’d just get mad and quit and so I probably had twelve or fifteen jobs...max time there was three to six months”* (Kukla, Rattray, et al., 2015). The effect of such occupational challenges may be employment instability, debt and housing problems, which may consequently lead to relationship breakdown and mental health problems.

Recognition of employment difficulties is increasing. Support programmes and intervention studies are growing in number to help manage the challenges many veterans still face, despite the government initiatives; for example, Forces In Mind Trust’s “Continuation to Work: Transition Mapping Study” (FiMT, 2017), Walking With The Wounded First Steps<sup>4</sup> programme. However, in light of this increased recognition, it may be worth considering the processes behind changing careers and returning to work (e.g. after health-related time off; prolonged unemployment). Are there ways of ensuring a successful transition into employment, and increasing the chances of maintaining employment once obtained? Not only are there practical requirements to engage in work, but a cognitive shift is needed when moving from a status of unemployment to employment and between some career sectors. Thus, it may indeed be the case that veterans may not always be cognitively prepared for civilian work or returning to employment in general. As Kukla, Rattray, et al. (2015) quoted above, some veterans find significant cultural differences between military and civilian environments, resulting in a cognitive struggle to maintain employment; an extension to the general lifestyle adjustment that veterans go through when transitioning out of the AF. It may therefore worth exploring how to strengthen the chances of a veteran being able to gain and maintain employment.

### 1.2.3 Housing / accommodation

Regular military personnel and their immediate families are provided with accommodation during service, usually in garrisons (private AF community estates). While they contribute to the cost of such, the finances are automatically deducted from their accounts, thus with limited to no budgeting responsibility required (Elbogen, 2014).

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<sup>4</sup> Walking With The Wounded First Steps programme - [www.firststeps.wwtw.org.uk](http://www.firststeps.wwtw.org.uk)

Upon discharge from the AF, accommodation is no longer available, resulting in the need to return to the family/parental home or source a new place to live. For many who have served since early adulthood, the prospect of sourcing housing is daunting and hard to navigate, sometimes resulting in sofa surfing or even homelessness.

Consequently, housing has become a significant focus of the resettlement programme as discussed above, and became a central component of the AF Covenant and more recently the UK Government in their strategy to end all rough sleeping by 2027 (Ministry of Housing Communities & Local Government, 2018). The guidelines state that the AF community should have priority status when applying for government sponsored housing, suitably located, and appropriately equipped if injured, as well as having access to AF funding schemes dependent upon their circumstances (Ministry of Defence, 2011). All 407 local authorities in Great Britain have vowed to support the AF Covenant with these missions, and veteran specific rehousing residences set up by the charitable sector (although often funded by local authorities), are now available for those with a military background. However, with around one third of veterans not having heard of the AF Covenant (Ministry of Defence, 2018b), it is possible that some who find themselves in difficulty may not know that help is available.

The prevalence of veteran homelessness has been hard to quantify, with estimates ranging from 22-25% in the mid-nineties (Randall & Brown, 1994) to 7% in Greater London specifically in 2017/18 reportedly remaining stable over the years (St Mungos, 2018). A recent estimate of homeless individuals sits at 3% across England (Quilgars, Bevan, Bretherton, O'Malley, & Pleace, 2016) or between 7,000-13,000 according to the media as reported in a recent veterans strategy by House of Lords (2018). These estimates should be accepted with caution as they are founded on street-based reports, and not peer-reviewed research, relying on individuals being located and acknowledging an AF background, which some may not wish to disclose due to pride or wanting to put their military career behind them. Homeless veterans are a hard to reach group and consequently little peer-reviewed research has been conducted, with much of this narrow literature base coming from the US (Elbogen, 2014; O'Connell, Kaspro, & Rosenheck, 2008; Tsai, Kaspro, & Rosenheck, 2014; Tsai, Pietrzak, & Rosenheck, 2013).

Little is known of the risks for homelessness and non-permanent housing in the veteran population, but of the few studies conducted, US research from several decades ago suggests that veterans with poor mental health are more likely to end up with social problems such as homelessness (Rosenheck et al., 1994; Rosenheck et al., 1989). US

research more recently found that violent and challenging experiences, as a child, adult and specifically during service were related to PTSD symptoms and may contribute to poor post-military adjustment and subsequently poor social and employment outcomes (Smelson et al., 2013). Furthermore, recent research also from the US, on Iraq and Afghanistan veterans, found that veterans report their homelessness to be primarily a product of non-military contextual factors such as relationship problems and unemployment (Metraux, Cusack, Byrne, Hunt-Johnson, & True, 2017), potentially a consequence of transitional adjustment issues. However, it is worth noting that there are substantial limitations in using international papers on such issues, given the differences in related government policies, where the US are very different to the UK.

### **1.3 Leaving the Armed Forces - What does this mean for identity?**

Adjusting to civilian life demands substantial change in various aspects of life. This renegotiation can cause the individual to become lost between cultures, between being a soldier, a service personnel and a civilian, between identities (Demers, 2011).

Identity is a *“continuously operating, self-adjusting feedback loop”* (Burke, 1991, p. 840). The concept of ‘who we are’ is both deeply personal and overtly social. Social Identity Theory proposes that we only truly develop a sense of who we are and a sense of belonging when compared to others (Tajfel, 1978), forming social identities based on group membership. Norms and values are drawn from these membership groups increasing predictability and enabling overall social cohesion. When personnel transition, they experience a loss of intimate connections, falling to out-group status. Finding a new in-group to build a new sense of self and protect wellbeing is needed (Haslam, Jetten, Postmes, & Haslam, 2009). Major transitions therefore can cause challenges as one is initially socialising with new membership groups that may reinforce or refute their identity, norms and values, and it is their choice whether to make a shift in their identity. Ultimately, changes in the self both cause and are a result of changes in our relationships with others (Walker, 2013).

When someone transitions out of the AF, they become a ‘veteran’. The term ‘veteran’ refers to *“someone who has had long experience in a specific area”* (dictionary) and may even describe a veteran sportsman for example. However, it is most widely known for its use in relation to the AF, for people who re-enter civilian life. This term is generally used worldwide, but the eligibility differs considerably between countries. As stated earlier, in the UK it describes someone who has left the AF and has had at least one day’s pay/service (Ministry of Defence, 2011). Whereas in the US it is someone who has served specifically



in one of the three military branches (Army, Naval or Air services) and received honourable discharge, while in Australia it refers to an ex-service person who served in a conflict operation (Dandeker, 2006). Veteran status and definition significantly impact upon veteran privileges, benefits and social engagement, including war pensions, fast tracked healthcare, and specialist support. In the US for example, access to benefits provided by Veterans Affairs (Government level healthcare service) is based upon various eligibility criteria, such as length of service and deployment on operational tours. The UK definition is the widest and most inclusive of definitions with matching benefit provision, but for these same reasons it is also a controversial definition within the AF community and the general public (Burdett et al., 2012; Dandeker, 2006). Whichever definition is used, there is considerable power behind the identity label.

Social Identity Theory suggests that self-identification is important and so moving on and accepting a new personal identity, a new social and ultimately occupational identity, may have significant ramifications for wellbeing and transitional success. This may include mental health problems, social isolation, relationship, accommodation and civilian occupational breakdowns, and falling into the criminal justice system (Ben-Zeev, Corrigan, Britt, & Langford, 2012; Brenner, Homaifar, Adler, Wolfman, & Kemp, 2009; Murphy, Iversen, & Greenberg, 2008; O'Connell et al., 2008). Help-seeking for these issues may be affected due to label avoidance (Ben-Zeev et al., 2012), creating a significant financial burden on the economy as well as having negative outcomes for the individual.

Burdett et al. (2012) explored veteran perceptions of their 'factual' identity and found that only 52% of their sample (n=200) identified themselves as 'veterans', despite the government definition, with those in regular service and with lower educational attainment being more likely to identify as a veteran. From this point on, veterans will be referred to as ex-service personnel (ExSP) in an attempt to acknowledge that not all veterans wish to be identified this way, despite the government definition. For many reasons, not always related to discharge, some ExSP struggle to adjust and psychologically adapt to becoming a 'civilian' again. Walker (2013) proposed post-military identities begin to develop pre-discharge, setting the tone for their transitional experiences. However, a mismatch between transition expectations and reality, and conflicts with in and out-groups, may lead to negative outcomes (Kukla, Rattray, et al., 2015) such as difficulties gaining employment; in integrating with colleagues/peers; adjusting to less rigid timescales and structures, and getting used to an individual rather than collective focus. Higate (2008b) suggests that identity crises may occur when personnel are in pursuit of

persistent sameness (replication of the military culture) and consequently struggle to find this in civilian life.

Although resettlement allowances have changed considerably in the last 15 years, a summary by Higate (2001) may remain true to some extent, that they are primarily focused at a rudimentary vocational level, with other, deeper emotional and psychological levels outside the routine scope of those involved, unless significant issues are identified (e.g. PTSD). Indeed, similar has been said about other bounded organisational communities, such as elite-level sports/athletes (Stambulova & Ryba, 2013; Surujlal & van Zyl, 2014), and policing (Bullock, Fielding, & Hieke, 2018); although much research on other occupational transitions focuses on reasons for career change rather than the transition itself. Brunger et al. (2013, p. 97) emphasised that *“to facilitate the transition from military to civilian life, a systematic preparation that converges on identity is of paramount importance”*, something that was also mentioned in the recent research on retirement from policing in the UK (Bullock et al., 2018).

Most identity research surrounding transition has focused on other groups such as migrants or sexuality for example (Colic-Peisker & Tilbury, 2004; Conron, Mimiaga, & Landers, 2010; Douglas, 2010), but there has been a small but growing body of empirical research on US ExSP, with few specifically in relation to occupational transition success (Di Leone, Wang, Kressin, & Vogt, 2016; Hammond, 2015; McAllister, Mackey, Hackney, & Perrewe, 2015; Smith & True, 2014) and even fewer on UK ExSP identity (Binks & Cambridge, 2018; Brunger et al., 2013; Herman & Yarwood, 2014). Much of the research relevant to this area of ExSP identity and transition focuses more on military-civilian transition in general, touching briefly on identity or alluding to identity-related concepts (Ahern et al., 2015; Brenner et al., 2009; Haynie & Shepherd, 2011; Koenig et al., 2014; Naphan & Elliott, 2015; Robertson & Brott, 2013, 2014; Tomar & Stoffel, 2014) and often not in relation to occupation.

## 1.4 Current landscape

It is widely reported, but often misunderstood, that most personnel leave the AF and smoothly re-enter civilian life (Ashcroft, 2017). The Forces in Mind Trust (FiMT, 2017) estimate the cost of poor transition to the UK economy to be approximately £105million in 2017, rising to £110million a year by 2020. It is thought, as discussed earlier in this chapter, this is due to the financial costs of ill-adjustment; mental health problems, employment instability, relationship breakdowns, homelessness and criminal justice involvement.

In acknowledgement of the growing and economic challenges of resettlement, and the continued outflow of personnel into civilian society, understanding the challenges of transition on a deeper level is all the more important now. However, much of the primary focus of military-civilian transition research has been on post-traumatic stress disorder (PTSD; Iversen et al., 2009; Murphy & Busuttil, 2015; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012), which may in part be because of the attention of US Vietnam veterans whose symptoms contributed to the creation of PTSD as a diagnosis (Crocq & Crocq, 2000). Although important, the proportion of PTSD in the UK ex-service (and serving) population is broad, ranging from 3.7-17.1%, based on combat or combat-support role (Stevellink et al., 2018). The psychological and logistical stresses surrounding transition out of the AF are more problematic in reality; aspects of which are likely to be experienced by many, if not all transitioning service personnel. As discussed, some of the transitional challenges personnel face include employment, finding housing, establishing a new social network, social and cultural differences between military and civilian environments, and possibly common mental health issues as a cause or consequence of other challenges. A significant amount of effort and funding goes in to PTSD, with many charities, interventions, and publicity focusing on this disorder, while everyday transition issues remain under-researched and thus less well understood.

After the recent conflicts in Iraq (2003-2011) and Afghanistan (2001-2014), aspects of military life became more visible in society, leading to a surge in the media profile of the UK's defence. With many more personnel surviving injuries they would have previously died from due to technological advances in healthcare science, our society has become a growing mix with injured ExSP in need of support. Consequently, the AF charitable sector began to grow, attempting to fill perceived gaps in support. However, as the UK and many other nations are currently less actively involved in conflict operations around the world, public attention on the AF, and thus ExSP, has begun to wane including the decline of some population-specific charities (FiMT, 2014). It was also once the case that many of the UK population had family members who served in the First and Second World Wars due to conscription, but as this older community begins to reduce due to age and as the UKAF gets smaller moving toward the reserve force, we, civilian society and the military communities are becoming more distant.

Research has shown that an increasing number of ExSP seeking help in recent years, served in operations from more than 20 years earlier (including Northern Ireland, Bosnia, Falklands; Murphy, Ashwick, Palmer, & Busuttil, 2017; Murphy et al., 2015), in part due to

delayed help-seeking and stigma (Ben-Zeev et al., 2012), and in part due to delayed-onset PTSD (Hunt et al., 2014). It is likely, then, that it will be many years yet before we see the real psychological impact of the more recent conflicts. As society becomes increasingly disconnected from the AF community because less people know anyone who has served, the charitable sector is expected to experience a fall in income (Pozo & Walker, 2014) and may need to rely on reserve funds from previous financial growth or find alternate ways to generate funds to continue to provide much needed support. The need for additional support will be ongoing for as long as the AF and its ExSP exist and is likely to increase with the restructuring of the UKAF, and with more personnel surviving traumatic physical and mental injuries.

Understanding the current social and political climate is necessary for future projections, to estimate the potential needs of future ExSP and what support may be on offer to them.

### **1.5 Third sector support**

The welfare support provided by the AF is no longer available after discharge unless medically discharged and then only for up to a year post-service. Primary responsibility for healthcare is assumed by the NHS. During the military-civilian transition process in particular, third sector organisations can sometimes assist in providing support for personnel where the NHS may struggle (e.g. specialist treatment or service provision, shorter waiting times) (Dandeker, Wessely, Iversen, & Ross, 2003; Iversen, Dyson, et al., 2005; Macmanus & Wessely, 2013). Many service charities are well established, with Soldiers, Sailors and Airmen Families Association (SSAFA) founded in 1885, Combat Stress in 1919 and the Royal British Legion in 1921. They, and many others, have become increasingly important in providing health and welfare support to current and ex-serving military personnel, with many ExSP reportedly preferring to work with therapists and other welfare professionals who have experience of, or expertise in, helping military personnel (Ben-Zeev et al., 2012; Iversen & Greenberg, 2009; Mellotte, Murphy, Rafferty, & Greenberg, 2017b). However, with more than 2000 service related charities, many have overlapping objectives (Ashcroft, 2014) and it can be a difficult area to navigate for an ExSP in need.

Despite the well-meaning nature of most charities, some may not know how to or simply may not follow evidence-based guidance, or appropriately monitor and evaluate their initiatives to demonstrate the value of their provisions (Ashcroft, 2014). The

Confederation of Service Charities (COBSEO)<sup>5</sup>, to which many but not all service charities belong, outlines a set of agreed upon values by which service charities should abide, including being accountable for providing best practice services. However, there is scant evidence on the appropriateness and effectiveness of UK charities that serve to support ExSP (Clarkson, Giebel, & Challis, 2013; FiMT, 2015). Services focused on ExSP populations are rarely evaluated, with only a few UK ex-service organisations having done so; Military Veteran Improving Access to Psychological Therapies in the Pennine NHS Care Trust (Clarkson et al., 2013); Combat Stress (Murphy et al., 2015); Right-Turn Recovery (Albertson et al., 2017). This may therefore mean that in reality, we know little about ExSP in need, what is important for their positive outcomes, and if/where improvements are required, although recognition of this need is increasing.

Evaluating service provision and learning more about the population for which an organisation is providing, as WWTW has set out to do, is important. Such knowledge will assist in minimising psychological harm and the frequency of ExSP drifting in and out of service engagement, as well as assisting in the advancement and improvement of outcomes. In accordance with COBSEO guidelines, such information can foster collaboration, sharing knowledge between organisations to ensure the safety and consistency of support and treatment, and to encourage better transitional trajectories for ExSP.

### **1.5.1 Walking With The Wounded**

WWTW was established in 2010 to raise funds for the re-education and re-training of wounded, injured, sick and socially vulnerable ex-service men and women. They now support pathways for the most vulnerable of ExSP, the 'at-risk' and 'hard to reach' individuals, to re-integrate back into the civilian community and maintain independence, with employment at the centre of their focus. Their charitable objectives are to offer resettlement assistance, financial relief and other charitable needs as well as promoting inclusion of ExSP. WWTW offers a number of programmes which aim to improve opportunities to gain or maintain employment. They offer individualised programmes to help ExSP avoid or come out of the criminal justice system, avoid or recover from mental health problems and avoid or overcome homelessness, and ultimately obtain and maintain employment, through education/retraining and employment advisory and support. The

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<sup>5</sup> The Confederation of Service Charities (COBSEO) - [www.cobseo.org.uk](http://www.cobseo.org.uk)

three main programmes of WWTW are described below and will be discussed in greater detail in Chapters 7, 8 and 9:

Head Start – provision of one-to-one private therapy for ex-service personnel with mild to moderate mental health difficulties such as depression, anxiety, PTSD and adjustment disorder. Therapy is provided via face-to-face and digital sessions.

First Steps - is designed to help ex-service personnel take their first steps onto the path of gaining sustainable employment. Whilst recognising the skills acquired during service, enhanced training and vocational skills are provided to complement existing qualities for new careers outside of the military.

Home Straight - Employment Advisors (EAs) are embedded in veteran supported accommodation residences or with NHS regional Veteran and mental health teams (for the comparable purposes of this evaluation, only EAs in residences were included), helping unemployed veterans on the home straight to finding employment and rebuilding their lives. EAs work with ex-service personnel to build confidence, organise work placements, source funding for any required training and ultimately assist in gaining sustainable employment.

In response to recognised need for increased provision and collaboration for ExSP who may be struggling with the transition, WWTW acknowledged the requirement for them to be in line with the values of COBSEO and have set out to evaluate the services they provide, and considered that the time was right, with the help of King's College London, to undertake an evaluation of the programmes that support their clients. WWTW hoped that the outcome of their evaluation would help them understand if the services they provide are achieving a good standard, are likely to be effective, and are well received or deemed acceptable. Additionally, it was intended for the research to highlight areas for improvement. See individual result chapters for programme specific information.

## 1.6 Summary

As this chapter has aimed to illuminate, transition out of the military is generally smooth, but multifaceted and with the potential for complexity. Military personnel are unquestionably more resilient than the public believe, but equally they remain human. Navigating the military-civilian space comes with a range of stresses and taking time to adjust is considered a normal response. Some, however, may experience these stresses to a greater degree than others, struggling to adjust over the long-term, unable to identify themselves in their new world or finding a new in-group, and may require additional support to truly resettle in civilian life.

The third sector has grown substantially over the last 20 years and attempts to support and collaborate with government organisations to fulfil society's duty as set out in the AF Covenant. WWTW is one such charity, which decided to evaluate their services to establish the effectiveness of their programmes and help ExSP successfully engage with civilian society.

There is currently little UK based evidence on the appropriateness and effectiveness of charities that serve to support ExSP into civilian reintegration and engagement. There is also limited knowledge on UK military-civilian occupational transition and identity, with most of the literature coming from the US. The context and experience of being an ExSP differs markedly between countries and findings may not necessarily be applied from one context to another. To date, there appears to be little to no empirical work aiming to link ExSP transitional experiences and identity with later support service needs and outcomes. Thus, it is hoped that such information provided by this thesis will advance understanding of these complex transitional issues, and could be important for resettlement planning and procedures, and for treatment/care/support planning.

## **CHAPTER 2:      Thesis Outline**

This thesis aims to provide a better understanding of how ExSP are supported within the third sector, using personal experiences of ExSP in receipt of that care to frame their transition pathways. Evaluating existing services provided by WWTW will highlight ways of improving the support they offer and identify potential key factors that may play a role in transitional and service support outcomes.

Evidence synthesis, reported on, thus far has identified that exploration of identity issues (and specifically related to occupation) are lacking in the UK ExSP and that transition to civilian life is indicated to potentially lead to a conflict in identity. Employment is noted to be key in both identity and transition, and that psychological readiness for both employment and identity/cultural transition appears a key concept worth exploring further. Given this knowledge, or lack thereof, along with the uncertainty surrounding the mechanisms of change in the transition process, this thesis further sets out to examine the impact of this cultural intersection on identity from an occupational perspective.

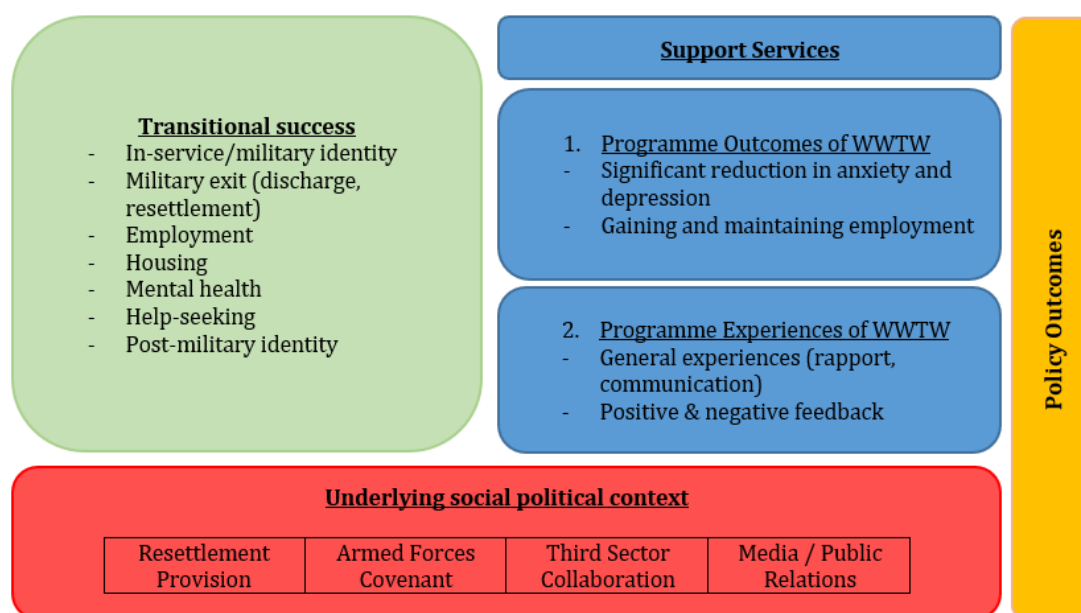
Six objectives underpin this overall aim and will be examined using a mixed methods approach.

### **2.1 Mixed Methods Conceptual Framework**

A mixed methods design is the most appropriate approach within which to gather a valid and detailed understanding of the provision and success of veteran support within the third sector, using personal experiences of veterans in receipt of care to frame transition pathways. A combination of qualitative and quantitative approaches will enhance the understanding of this research more than either approach could do individually (Creswell, 2003; Curry & Nunez-Smith, 2015). Figure 1 below illustrates the main principles pertinent to this topical issue as discussed above, informing both the design and collection of data, and initial analytical plan. WWTW's evaluation of their programmes presents an opportunity to understand veteran charitable support across the broader political landscape, and how successful such provision is for veterans in its ability to help them better engage and contribute to society. Policy outcomes (for resettlement, the third-sector in general and specifically WWTW, as well as politically) can therefore be made based on interpretation and understanding of post-military experiences, support service experiences and hard outcomes with social and political contexts framing the data.



Figure 1: Conceptual Framework for the understanding of veteran transition and support service engagement



## 2.2 Chapters

Chapters 3 and 4 present reviews of the literature on two seemingly pertinent areas as identified in the introduction. The first systematic review is on occupational identity for military veterans and their transition into civilian occupations, and the second is on what work readiness means (not specific to the military population).

These systematic reviews will contribute to the understanding of the importance of occupational identity and work readiness in the ex-service personnel, whether it may be valuable to explore in this study. It will inform the qualitative interview schedule, measurement tools included in the service evaluation and frame the experiences of post-service support.

Chapter 5 presents the methodology for the WWTW evaluation, broken down into the quantitative survey and the qualitative interviews. Justification of the mixed methods approach is discussed here.

Chapters 6-9 present the programme findings of the evaluation. These chapters have a primarily quantitative focus but are supplemented by qualitative data as part of the evaluation. A summary of the main findings is presented at the end of the three main chapters on each WWTW programme.

Chapter 10 presents the qualitative findings exploring occupational identity of the veterans in the WWTW, considering the economic outcomes of such post-military identities. A summary of the main findings is presented.

Chapter 11 contains the main discussion for this thesis. This chapter links quantitative and qualitative findings, discussing them within the context of the wider literature. It presents the findings of the three WWTW programme evaluations and discusses the role support services such as those offered by WWTW play in identity (specifically work-related identity), and therefore transition in the wider context. Knowledge gained is also positioned in reference to articles published after the completion of the literature reviews. The strengths and weaknesses of the thesis are considered, alongside reflections of working in an applied research setting. Wider implications are discussed, and recommendations made for future research.

## **2.3 Objectives and Hypotheses**

The six objectives in this mixed methods study will provide insight into the WWTW programmes, exploring the processes and effectiveness, producing rich information with which policy recommendations can be made, to improve their services and potential for increased future funding. Furthermore, the depth of data afforded by the qualitative and quantitative data will enhance understanding of the occupational and transition experiences through the lens of identity with potential recommendations for resettlement processes. To systematically review published literature on health and welfare fitness for employment, which factors are important in gaining and maintaining employment. This review will not be specific to military veterans.

### **2.3.1 Objective 1 – Occupational identity (Systematic Review 1)**

To systematically review published literature on military veteran identity in the civilian workforce.

- Identify factors related to occupational identity that may help or hinder wellbeing as part of transition.

### **2.3.2 Objective 2 - Work readiness (Systematic Review 2)**

To systematically review published literature on readiness for employment, which factors are important in gaining and maintaining employment. This review will not be specific to military veterans.

- What does employment readiness mean?

- What factors are important in becoming ready to actively engage in the workforce?
- What the content of an intervention might be to help someone become work ready, from long-term unemployment or through a significant change in career?

### 2.3.3 Objective 3 – WWTW effectiveness

To establish effectiveness of the WWTW programmes by achievement of programme specific primary outcomes in the three programmes under evaluation.

Hypothesis 1: There will be a clinically significant and reliable improvement in the mental health measures for Head Start, between baseline and follow-up, and change scores will be significantly greater for those who complete their programme compared to those who do not complete.

A secondary aim will be to examine change scores at the end of treatment.

Hypothesis 2: The baseline demographic profile of participants who achieve their primary outcome for their programme will differ from participants who do not achieve the primary outcome.

Hypothesis 3: Work readiness scores will be predictive of employment outcomes at follow-up; higher scores indicate increased readiness for employment.

### 2.3.4 Objective 4 – WWTW Wellbeing outcomes

As the WHO (2003) state, health is *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*. The secondary aim of the evaluation is to establish whether engagement in the WWTW programmes improves personal recovery and wellbeing as measured by increased functionality and capability in life.

Hypothesis 4: Improvement in scores on the ICECAP-A and WSAS will be associated with achieving programme related primary outcomes.

Interview data will be linked with the evaluation data to better understand the population and the programmes, for participants who took part in the qualitative interviews and who give consent for this to be done.

### **2.3.5 Objective 5 – WWTW qualitative feedback**

To gain an in depth understanding of the programme experiences of WWTW clients, connecting quantitative and qualitative data for participants who engaged in the qualitative interviews.

### **2.3.6 Objective 6 – Post-military identity**

To explore potential explanatory effects of post-military identity and their contribution to civilian occupational outcomes.

## CHAPTER 3: Occupational Identity Systematic Review

This chapter seeks to answer objective one; to systematically review published literature on military veteran identity in the civilian workforce. This review aims to identify factors related to occupational identity that may help or hinder wellbeing as part of transition. The focus is on occupation more broadly, rather than organisational or role-based, in order to capture identity across boundaries.

### 3.1 Background

As children, we are often asked what we would like to be when we grow up. As adults, when we meet someone new, we are usually asked what we do for a living. Occupation is an important part of our identity; it shapes how we present ourselves to the world and plays a large part in the formation of our opinions of others. Having an occupation is not just about earning money, it fulfils our need to occupy ourselves, giving us a sense of achievement and self-worth, providing us with structure in an otherwise unstructured environment. It is good for our wellbeing (Law et al., 1998; van der Noordt, IJzelenberg, Droomers, & Proper, 2014); *"... state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"* (WHO, 2003).

Sharma and Sharma (2010) argue that evidence suggests that wellbeing appears to have some connection to identity, whereby various aspects of 'the self' and social identity (ethnicity, gender, acculturation, group membership) are bi-directionally related to psychological wellbeing and can moderate and mediate the causal pathways to wellbeing. The concept of 'who we are', our identity, is both deeply personal and overtly social. Social Identity Theory suggests that we only truly develop a sense of who we are when compared to others (Tajfel, 1978). In psychology, the central meaning of identity is to be able to be and/or stay recognisable to oneself (personal) and to others (social) (Sharma & Sharma, 2010). Occupational identity is defined as identifying with the values, goals and interests of the occupation and feeling a sense of belonging and group membership (Hirschi, 2012; Ibarra & Barbulescu, 2010). Research into occupational identity is limited but growing, with findings claiming occupational identity gives meaning and direction, and positively relates to personal and work-related outcomes, including high work engagement and low burnout (Luyckx, Duriez, Klimstra, & De Witte, 2010).

The AF have been described as a greedy and rigid organisation with strict hierarchies and social structures (Segal, 1986). The AF may lay the foundations for strong, stable personal identities, at least for the time that the individual is serving. AF personnel develop a sense

of occupational identity by adopting the core values and social characteristics of the organisation (Tajfel, 1978). Upon joining the forces, the hierarchy of identity shifts with personal civilian identity making way for being shaped into dutiful members of a conforming troop. They surrender agency and autonomy *“over virtually every aspect of their lives to those in authority over them”*, summed up by a passing out parade termed as *“ceremonial rebirth”* (Jolly, 1996, pp. 36-37) or a transformative act (Woodward & Jenkins, 2011) taking on new identities based on their military competences, to serve as a strong, reliable and effective military force.

In previous generations, individuals were considered to serve their organisation (in any vocation), but has now shifted and been replaced by an expectation that the organisation is to serve employees; what can the organisation offer additional to salary (e.g. career progression, travel opportunities) (Baruch, 2004). The AF is in fact one such organisation that advertises what it can offer new recruits, as part of their recruitment campaign; such as *“take on a new challenge, travel the world, make lifelong friends, become a better me”* (Ministry of Defence, 2016a), highlighting a developed and improved sense of identity. As we continue to live longer, increasing the length of our working lives as well, individuals are likely to have more than one career. Approximately 10% of the total strength of the UK Regular Force leaves every year, ranging from ESL to full 22-year career retirement. Individuals leaving for unplanned/unexpected reasons such as a disciplinary, leaving through the military custodial system (van Staden et al., 2007) or through medical discharge (Anderson & Mason, 2008; Stevelink et al., 2015), have been found to have poorer transitional outcomes. Whatever the reason for the transition, after leaving the AF, service personnel’s potentially strong service identities may be at odds with their new non-military roles (e.g. student, teacher/plumber, stay at home parent) and daily routine (e.g. cleaning the house rather than a rifle), where their identity can act both *for* them and *on* them when they transition to civilian society (Higate, 2003). Identity may require some form of adaptation to operate successfully in a civilian environment. Changing jobs and careers, including retraining, can have a significant positive or negative impact upon the sense of who they are and their wellbeing. However, the identity literature suggests that identities are never complete (Burke, 1991), involving self-reflection and a *“project of the self”* (Giddens, 1991, p. 32), perfectly describing the process of the military-civilian transition.

‘Role exit’ is a unique transition as it necessitates that the individual loosen their grip on their previous self and the values and norms attached to it, while concurrently learning

their new role with its new values and norms (Ebaugh, 1988); which in this instance, applies to both civilian personal and work life. The difficulty for ExSP, is that their previous occupational cognitions may be so deeply entrenched in their self-concept, and are not easy to let go of (Turner, 1978), beneficial during service, but less so when leaving. This is understandable considering the task-based demands and duty importance of being in the AF, where it is beneficial for personnel to fully commit, for theirs and their peers' safety. Wellman, Yuk-lin Wong, Tindall, and Nazer (1997) explain how organisations or social institutions can implement social rules and regulations and shared identity to facilitate deep social connections aiding the function of the organisation (e.g. overtly adjusting behaviours and beliefs to increase social parallels). The extent of structural embeddedness determines the continued strength of these connections after a transition (Wellman et al., 1997). Weaker connections increase the likelihood of mobility and successful occupational transitions (Podolny & Baron, 1997). But ultimately, transitioning from an active service to an ExSP can be a big step, both logistically and psychologically and has been described as a reverse culture shock (Bergman et al., 2014).

### 3.2 Rationale

As discussed above, identity is a strong part of the AF culture. As stated above, media campaigns advertising for “a better me” and the stripping of civilian individualisation to develop a unique yet combined military identity during recruit training. Even post-discharge, it is publicly visible that the identity and sense of belonging remains strong and true (for most); including AF Day, veteran badges, poppies, military-specific charities. However, many ExSP may find the change, the transition emotionally challenging (a military identity in a civilian world), and but equally this may not be the case for all ExSP either.

How personnel feel about and cognitively process their transition and commencement of a new career is likely to influence their happiness and wellbeing. It may also be the case that the way one approaches and manages their new altered status/identity and the life that accompanies it, is important for that transition to be successful, and vice versa. This qualitative review therefore aims to identify factors related to transition that may influence occupational identity after military service and how this impacts upon sense of self.

This review will specifically focus on *occupational* identity as opposed to organisational or role based identity, to enable transferability across boundaries and account for all individuals across all spectrums. Connection to the organisation can be experienced

differently by different individuals, some of whom may not identify with it at all. Similarly, role based identity is very specific in the context of the AF, with many roles not available in civilian society (e.g. sniper, bomb disposal). Focusing on the occupation allows vocations/trades to be the emphasis which can also be organisationally boundaryless, enabling comparisons to be made to AF.

### **3.3 Methods**

#### **3.3.1 Selection criteria**

Articles were eligible for inclusion in this review if they met the following criteria:

- Had a qualitative design, including in mixed methods studies.
- Participants were drawn from a military veteran population (no longer serving), including ex-reserve service personnel.
- The study must have investigated or explored: identity, self-esteem, self-image or wellbeing in relation to occupational/educational transition.

Articles were not eligible for inclusion if:

- Participants were child soldiers, personnel returning from deployment but still serving, currently serving reserves, or individuals who are not part of the Armed Forces population (other types of veterans, e.g. veteran teachers).
- Literature was not peer reviewed (grey literature).
- It was not empirical research (general discussion papers, comments, editorials or letters, book chapters, conference papers and organisational reports).

The choice to only include qualitative data stems from the notion that identity is conceptual, multifaceted and is difficult to measure or quantify (with no gold standard). By exploring the subjective views, experiences and opinions of ExSP, a deeper understanding of this concept could be gained. No date or country restrictions were applied.

#### **3.3.2 Search Strategy**

Studies were identified through a systematic search of relevant electronic databases. The terminology used for individuals no longer in the AF varies, influenced by government policy and personal identity (Burdett et al., 2012; Dandeker, 2006). Thus, a selection of terms were used to ensure all relevant studies were retrieved. To develop a comprehensive search strategy, an element of trial and error was employed to test the



scope and sensitivity of the search terms used. A search was conducted with and without the term ‘wellbeing’ to test whether the addition of the term retrieves additional results. ‘Wellbeing’ was retained for the final search as its inclusion revealed potentially relevant studies. See Table 1 for the final search strategy.

Table 1: Systematic Review 1 Search Strategy

1. veteran.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
2. service leaver.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
3. ex-service.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
4. ex-military.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
5. ex-armed forces.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
6. 1 or 2 or 3 or 4 or 5
7. employ*.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
8. occupation*.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
9. vocation*.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
10. work.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
11. job.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
12. education.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
13. 7 or 8 or 9 or 10 or 11 or 12
14. identity.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
15. character.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
16. self-image.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
17. self-esteem.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
18. transition.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
19. well*being.mp. [mp=ab, ti, ot, bt, hw, id, cc, tx, ct, sh, tc, tm, pt, an, ui, tn, dm, mf, dv, kw, nm, kf, px, rx]
20. 14 or 15 or 16 or 17 or 18 or 19
21. 6 and 13 and 20

### 3.3.3 Conducting the review

The following databases were searched: Ovid MEDLINE; Embase Classic and Embase; Psycinfo; PsycArticles; Social Policy and Practice; and Web of Science. Returned citations and abstracts were downloaded to EndNote X8 (Thompson Reuters, New York, USA). Duplicates were initially removed through the EndNote ‘remove duplicates’ function; remaining duplicates were sifted out during title screening. Based on the selection criteria, titles were screened for an initial decision on inclusion and exclusion. The abstracts of the remaining titles were then read to evaluate their applicability, excluding only those that did not meet the selection criteria. Full text copies of the remaining citations were

obtained and read in their entirety to make a final decision as to whether to keep them for data extraction.

Hand search techniques were used to identify studies which may not have been identified through the search strategy. This included reference list screening of the full text studies and forward citation of the included studies (cited in later journal articles) from the systematic search of the electronic databases.

The initial search was conducted on 12<sup>th</sup> February 2016.

### **3.3.4 Data extraction and analysis**

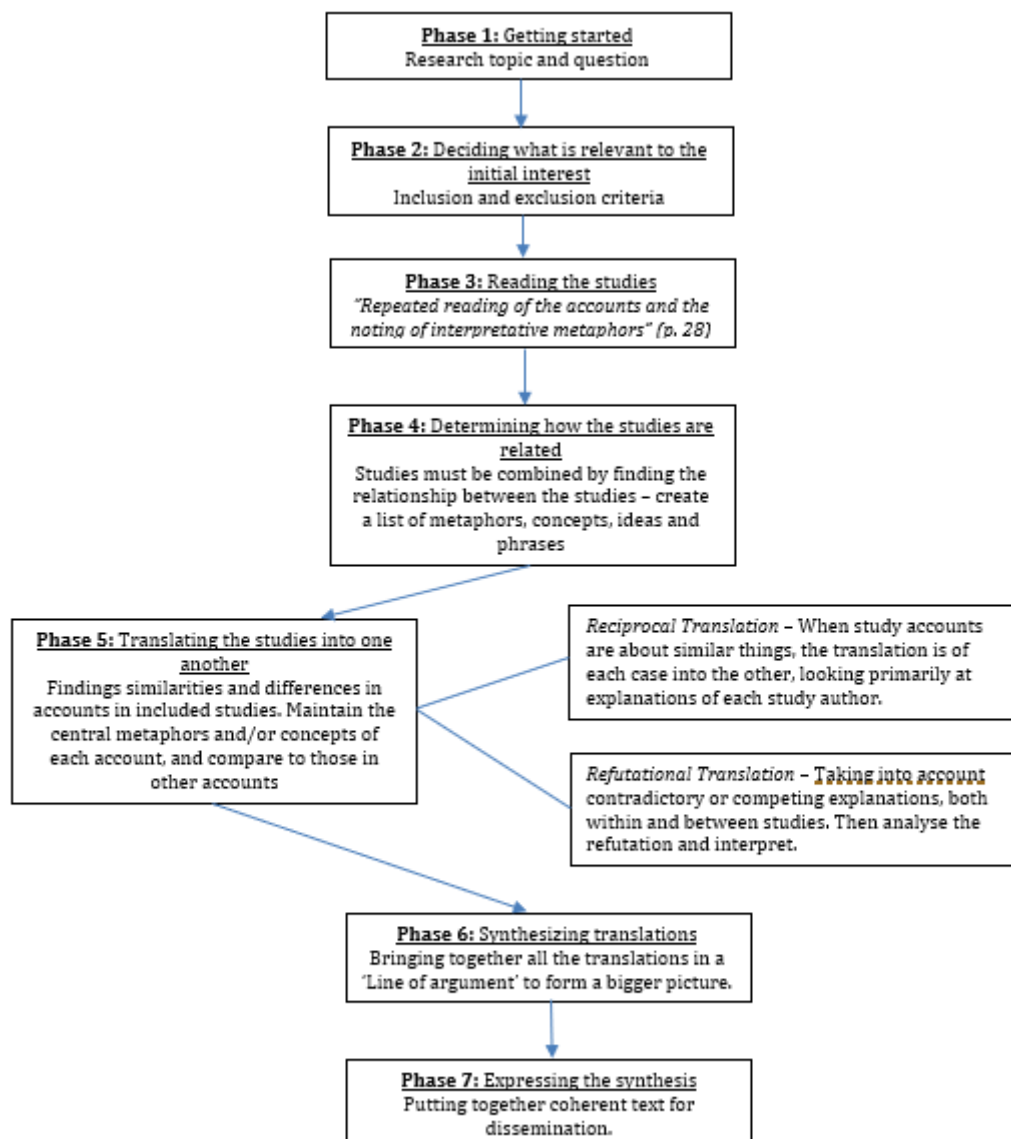
Data extraction followed a standardised process into a review specific designed spreadsheet, which included: year of publication; country of study; study design; recruitment; participants (sample size and demographics); discharge details; key theme/issue investigated by each study; measurement tools (if used); data relevant to the topic of occupational/vocational transition and identity; conclusion; limitations.

Qualitative systematic reviews are still relatively new to the research field in comparison to quantitative reviews and there is currently no standard approach to conducting one. Meta-ethnography (Noblit & Hare, 1988) is one of the most well-developed methods qualitative data synthesis, and also a method from which most other synthesis methods and primary qualitative data methods evolved (Britten et al., 2002). With focus on induction and interpretation rather than aggregation, it more closely resembles the studies included in this review. It was for this reason that meta-ethnography was chosen.

Prior to the creation of the meta-ethnographic approach by Noblit and Hare (1988), Schütz (1962) coined the terms first-, second- and third-order constructs, which are frequently used in differentiating the data in meta-ethnographies (Britten et al., 2002; Silva, Cruz, Gouveia, & Capretz, 2013; Toye et al., 2014; Trevillion et al., 2014). Participant views and direct quotes are first-order constructs; interpretations and explanations of these data by the study authors are second-order constructs; third-order constructs are the interpretation of the systematic review author, the connections between the findings in the different studies as identified in the systematic review. According to Noblit and Hare (1988) and other subsequent meta-ethnographic reviews (Britten et al., 2002; Monforte-Royo, Villavicencio-Chavez, Tomas-Sabado, Mahtani-Chugani, & Balaguer, 2012; Trevillion et al., 2014), there is a seven stage process to synthesis in qualitative research (Figure 2).

To synthesise the qualitative data and to see how studies are related, constructs can be compared against each other as reciprocal translations (finding common connections through third-order constructions); as ‘*refutational*’ translations (intra/inter-study contradictions in explanations of findings); and put together to present a possible line of argument. (Noblit & Hare, 1988).

Figure 2: A diagram to illustrate the meta-ethnography process according to Noblit and Hare (1988)



### 3.3.5 Quality appraisal

It is good practice to appraise the quality of the studies included to frame the conclusions, with regard to impact and reliability. The quality of studies however was not part of the inclusion criteria for this review. Studies in this review were appraised using the Critical Appraisal Skills Programme for qualitative research (CASP, 1999), as it was developed and tested over a number of years and has since been widely recommended within healthcare research. The original CASP was modified slightly to account for partially complete answers (scoring more than a 'no' but less than a complete 'yes'; some aspects fulfilled but not all). Consequently, the range of appraisal outcomes a study could be given were as follows; Yes – 3; Partial/somewhat – 2; No – 1; Can't tell – 0.

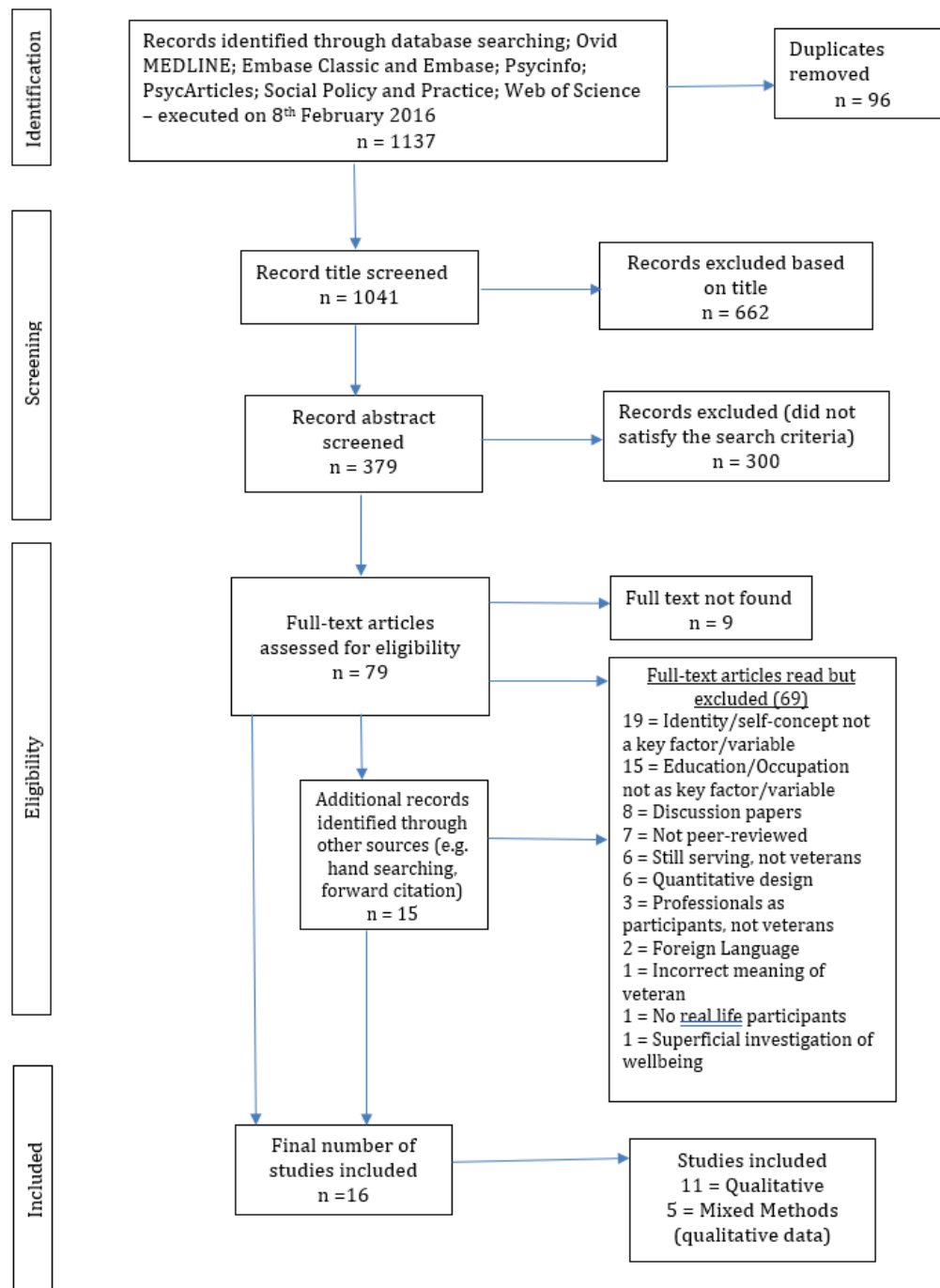
Each study was given an overall percentage score, out of a maximum score of 30. Fifty percent of the studies were double rated by a second researcher (LP), a fellow PhD student, to ensure inter-rater reliability.

## 3.4 Results

The initial electronic database search yielded 1137 studies. After removal of duplicates, 1041 titles were screened, 379 abstracts were screened, with a final 79 retained for full text screening. Of these 79, 10 papers were included in the review (reason for exclusion and the full screening process are presented in Figure 3. In addition to these 10 studies, a further 15 were found through forward citation and reference list searches, of which six were included in the final review. Thus, 16 studies were included in this review.

Most identified studies were purely qualitative (11), the remaining five were mixed methods, although it was only the qualitative data in the mixed methods studies that were applicable for the review. Six studies focused on resettlement into employment, six on education, with the remaining four lacking a specific focus and instead covering general civilian transition issues that touched on education, employment and identity. Overall, the studies reported data from 382 veterans (two papers belong to one study, so participants were only counted once). Eleven studies included female ExSP, with two studies not reporting such demographic details. Of the included studies, only two were from the UK, the remainder were from the US. Further details about the included studies can be found in Table 40 in the appendices.

Figure 3: Flowchart of the systematic review screening process



### 3.4.1 Quality appraisal findings

Half of the included studies were double rated (n=8). The level of agreement on total score for each study was 0.625 (5/8 studies; the three discrepancies were one point either side) and mean level of agreement on each CASP question across the eight studies was 0.8125.

After discussions on areas of disagreement, primarily due to interpretation of study information or CASP questions, both researchers agreed on all studies.

The majority of studies were of a high quality, with a median score of 76.67%; 10 of the 16 studies scored at or above the median score, and no study scored below 46.67% (see Figure 4 for an overview and Table 40 in appendices for individual quality scores). Although the quality of papers was relatively high overall, half of the studies appeared to have methodological shortcomings. This was particularly the case with regard to the reporting of ethical standards, acknowledging the role of the interviewer in their research, and having vague or unjustified recruitment strategies. However, it is unclear as to whether these are reporting failures or actual methodological failures.

Figure 4: Results of quality appraisal

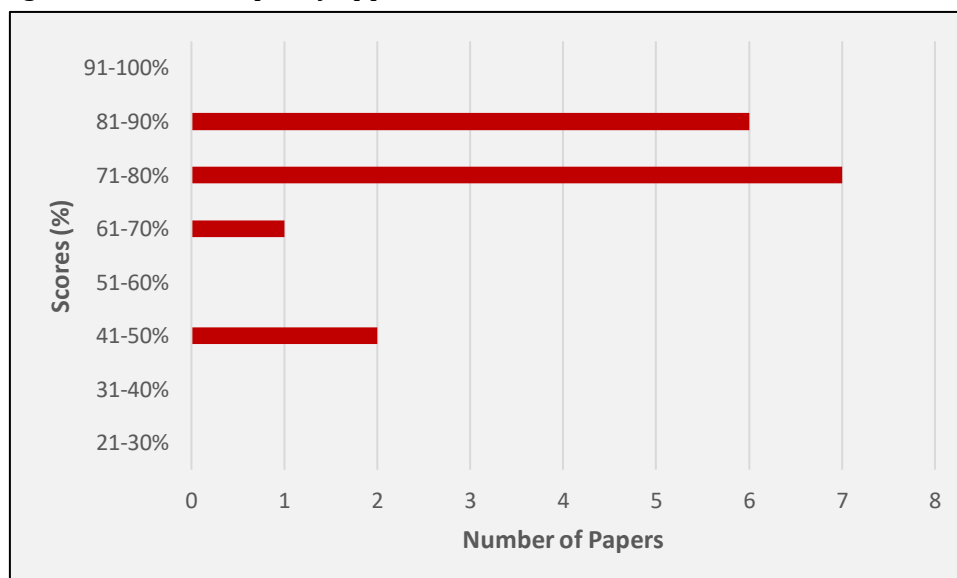
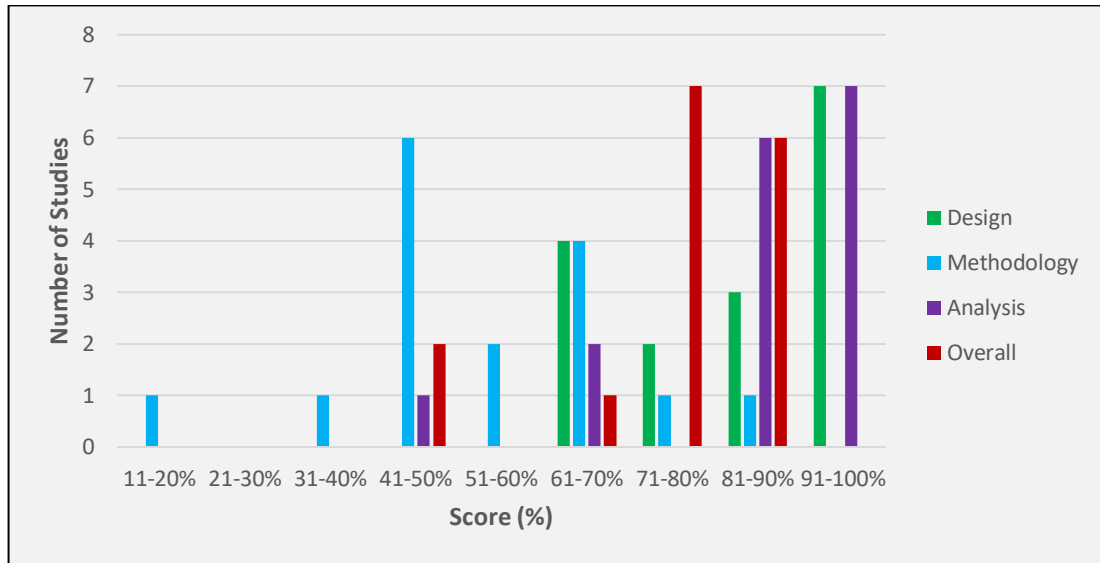


Figure 5: Results of study appraisals in different quality areas.



### 3.4.2 Reciprocal translation

This section describes the conceptual categories/third-order constructs that appeared fundamental to the role of military occupational identity in the development of a new sense of self, an altered post-military self through new educational and employment ventures.

There were five conceptual categories:

- 1) Environmental/cultural compatibility covers issues surrounding uncertainty in a civilian environment; transferability or lack thereof of skills; reverse shock; preparation (resettlement provision) for civilian life; and disillusionment/dissonance between expectation and reality of life post-discharge.
- 2) Interpersonal compatibility describes the match/mismatch in military-civilian integration, covering issues such as social and psychological distancing; recognition and appreciation; the feeling of individual vs. a collective life approach; and attitudes, values, and work ethic.
- 3) The intrapersonal category describes the narrative inside individual minds and internal conflict, covering issues such as grief; autonomy; and the acknowledgment and acceptance of the need for change.
- 4) Psychological time illustrates the notion of oscillating between time points or eras, and the interference this can have on the present and future, covering topics such as reminiscence; denial; perceived that of future/options.

5) Push/Pull motivations refer to the drives ExSP have for the occupational choices, covering topics such having a unique perspective; seeking consistency; giving back; past experiences; and reasons for discharge.

Table 41 in the 1.2 appendices provides an overview of the studies in each conceptual category (a study may appear in more than one category) with a description of the types of second-order constructs raised in each (as mentioned above). A selection of second-order constructs has been chosen to illustrate these conceptual categories. A full list of second-order constructs gathered from the included studies can be found in Table 42 in 1.3 in the appendices.

#### 3.4.2.1 Environmental/cultural compatibility

This category describes the experiences ExSP report when re-entering the civilian environment. The transferability of skills was a common topic. Not all qualifications earned within the AF were considered equal to similar ones earned outside of the AF, leading to frustration and feelings of demoralisation, and sometimes regret - *"Look at my training certificate. 'Oh we don't honor that certificate.' That's really hard to deal with."* - (Ahern et al., 2015). However, despite not all qualifications and skills being deemed equivalent in the civilian environment, some ExSP saw transferability of their experience in more of an abstract way (e.g. resilience, being calm in a crisis). They still saw themselves as an asset to civilian employers, believing they had different skills on offer and with a military attitude and ethos that acts as a benefit in job hunting and facilitates success in university. Conversely, others seemed to struggle seeing any links, believing that they needed to *"start all over again"* (Smith & True, 2014), and that their previous career was a waste. Interestingly, Kukla, Bonfils, and Salyers (2015) found that their unemployed participants saw the same things as barriers to civilian employment as the employed participants saw as facilitators.

Particularly in relation to transferability of skills and the perception that they will 'fall' into work, ExSP reported a mismatch in expectation of civilian reintegration and the reality. This also extended to personnel in work struggling to adjust to cultural differences *"the world isn't what I thought it was going to be"* (Haynie & Shepherd, 2011) because *"life is harder than combat"* (Kukla, Rattray, et al., 2015). The structure and military culture which ExSP have come to know so well provides financial and emotional security, the loss of which could result in anxiety and feelings of isolation. Despite conscious effort, surrendering combat skills for example is not always easy in practice, when they are trained on a 'black and white' level, being reintroduced into the civilian world in a range



of greys; *“it’s like being a sanctioned criminal”* (Naphan & Elliott, 2015), where permitted behaviours are not only frowned upon but sometimes illegal.

The earlier someone entered the AF, the harder the struggle seemed to be on transition, with limited civilian skills to base their post-military life on, resulting in a longing for their former life; *“So being 41 going on 16 again; what’s a mortgage? Where do I sign up? What do I do? What’s benefits? What’s tax credits? ... Is that how much food costs? ... I never really had to think about it before”* (Herman & Yarwood, 2014).

Many participants described the AF as being their calling, leaving them lost with no direction and purpose post-discharge, particularly if they saw no obvious way of connecting the two ‘lives’. Many reported specific resettlement preparations by the AF to be inadequate or non-existent for what they really needed; *“The military does NOT provide you with enough mental or emotional preparation for transition to civilian life”* (Robertson & Brott, 2013). However, some ExSP held another, more functional/adaptive perspective on their transition, using a military attitude and approach for success, treating their transition as a deployment or military operation. This manages expectations and gives structure to an otherwise unknown journey.

#### **3.4.2.2 Interpersonal compatibility**

Data surrounding interpersonal interactions formed a large part of this review, appearing quite central to ExSP’s experiences during and post-transition.

The perception that they were not welcome in civilian work spaces was quite strongly reported by ExSP (Tomar & Stoffel, 2014). In the military, respondents reported that it does not matter where you come from, everyone is there for a common goal, but in civilian society, they felt it mattered (Olsen, Badger, & McCuddy, 2014).

Particularly in education, differences seemed apparent in relation to work ethic with ExSP expressing annoyances with their non-military peers. ExSP felt that they take learning more seriously, with more self-discipline, respect for professors, ability to work as a team, and generally not take the experience for granted. ExSP felt that they literally ‘fought’ for their chance to be there (Hammond, 2015; Naphan & Elliott, 2015; Olsen et al., 2014), and would not miss a class unless they were *“bleeding out of her eyeballs”* so as not to let down taxpayers (Naphan & Elliott, 2015). Similarly, in employment, civilian colleagues were perceived as not taking their roles and responsibilities seriously, with a frivolous attitude toward what needed to be done and when, a seemingly incomprehensible notion to ExSP;

*"I just could not tolerate working for somebody who was inefficient and disorganized.... And I'd just get mad and quit."* (Kukla, Rattray, et al., 2015).

Social divides were evident when differences that seemed hard to reconcile were reported by both ExSP and civilians alike. Civilians were said to stereotype and marginalise ExSP as a group, making them feel unwanted (Brunger et al., 2013; Smith & True, 2014; Tomar & Stoffel, 2014). While ExSP reported feeling physically and conceptually different even at a cellular level, being more mature than civilians, and simply not good at being non-military (Brunger et al., 2013; DiRamio, Ackerman, & Mitchell, 2008; Hammond, 2015; Naphan & Elliott, 2015; Schermer, 2014), feeling like an island with nothing in common; *"You're used to a tight knit community, but here it's like you're an island"* ((Olsen et al., 2014) pp.104). This divide is further widened by possible deliberate social and psychological distancing. ExSP report that civilians were not able to understand where they were coming from, and that there was a strong sense of comfort in truly being themselves when around other ExSP, with types of bonds that cannot be translated to non-military individuals (Hammond, 2015; Naphan & Elliott, 2015). This was also achieved by information control, withholding details about their service or their service history altogether, based on the assumption that others would not understand or be interested (Tomar & Stoffel, 2014).

ExSP did not appear to respond well to either extreme positive and negative perceptions of themselves, provoking anxiety and frustration, particularly if misaligned with their own perception of themselves, with labels such as a killer, pro-war; traitor, monster, and hero (DiRamio et al., 2008; Feinstein, 2015; Hammond, 2015; Smith & True, 2014), as well as believing that others devalued them to *"just a crazy war vet"* (Hammond, pp153). Such interactions were impositions of identity, hindering positive socialisation and forward transition and forming new narratives (Feinstein, 2015; Hammond, 2015; Tomar & Stoffel, 2014). Consequently, respondents expressed concerns about not knowing how to meet civilian expectations and worry about whether or not, or how to prove they were individuals and not stereotypes. The pressure of living up to hero/superman status for example, may cause anxiety and social separation (Smith & True, 2014); *"I can't be weak around them, you know, 'cause they all look at me as like some kind of like superman, you know. . . . They just see me as like this strong person that's made it through so much."*

However, despite these frictions in interpersonal interactions, a significant amount of data in this section pertains to the contradiction of ExSP wanting to be both recognised and appreciated by civilians, while also being left alone to blend in with everyone else. Some ExSP wished to hide, leaving their past behind them (sometimes because of negative

military experiences). Despite deliberate information control as mentioned above, this was sometimes out of their control, when civilians attempted to violate their desired anonymity; *"I had a professor in journalism class. He kept pushing me for information and some sort of insight as to my experiences in the military... I kind of got to the point of dreading going to that class."* (DiRamio et al., 2008). While being recognised and respected seemed in part related to their efforts in extremely challenging situations to protect civilians at home (the same civilians they are attempting to interact with in their new and future careers); *"You know I'm a soldier. I fought for ya. You know? Talk to me properly"* (Brunger et al., 2013), as well as in relation to not wanting to lose their distinctiveness, their 'special status'; *"from a somebody to a normal person on the street"* (Brunger et al., 2013). Recognition by others was highlighted as a perceived contributor to career progression (Haynie & Shepherd, 2011). However, due to concerns about non-military personnel invalidating their history and their abilities, respondents expressed great worry and apprehension about their new future careers (Kukla, Rattray, et al., 2015). The desire of ExSP to be recognised or to hide was connected to the way in which civilians interacted with them; respect, ambivalence disrespect or morbid curiosity.

#### 3.4.2.3 Intrapersonal

Release anxiety, experiencing great losses (identity, job, peers, financial and emotional security) and thus grief, played a role in acknowledgment of change and intrapersonal satisfaction. Transition success through willingness to embrace new employment endeavours was marked by letting go and moving on; acceptance of the situation, that life and people operate differently outside of the AF; and marked by reconstruction of self-concept and the belief of personal autonomy and agency (Haynie & Shepherd, 2011). *"So goodbye and thank you. So I don't go back and think I miss that... because I don't. And I've got a new job, new group of friends and I got my family . . . "Thank you very much. That's been great. And now I'm going on my next stage of life and that's my decision"* (Herman & Yarwood, 2014).

Data obtained from ExSP who appear to have had a less than successful transition, revealed a connection to feeling as though their future was strongly determined by their past, with insurmountable obstacles ahead; a sense of future futility. Although selected by the authors, quotes from such individuals alluded to a sense of occupational rigidity which acted as a barrier to future opportunity limiting identity renegotiation; *"What now if not the Marines?"* (Haynie & Shepherd, 2011); *'Cause it's like it's not just part of your life; it's who you are. It's not just your occupation."* (Naphan & Elliott, 2015). While being proud of their past occupation and achievements was a positive thing, ExSP needed to be able to

integrate the past with the future to form a coherent sense of self to enable readjustment and future success in any employment or educational environment.

With the right mind-set (recognising for the need for change even if it has not been accepted yet), some ExSP found their new educational and employment opportunities helped them navigate the transitional period through coursework and other tasks that encouraged internal reflection (Haynie & Shepherd, 2011; Schermer, 2014).

#### 3.4.2.4 Reminiscence

The transition process is a complex one, with ExSP oscillating between eras, in wistful and maladaptive reminiscence, denial and longing. For some, thinking back fondly and searching for a comparable career in terms of satisfaction was eventually beneficial for their transition success; *“After 20 years in the Marines I spent another 7 years searching for a job that would give me as much personal satisfaction. I found that job in teaching. Granted, nothing will come close to the meaning and satisfaction derived from service in the Marines, and I will never establish friendships that were created while in the Corps, but teaching comes closest.”* (Robertson & Brott, 2013). For others however, that constant comparison and search for persistent sameness was unachievable and to their detriment, leading to a desire and/or attempt to re-enlist (Robertson & Brott, 2013).

Memories were not always positive and the re-visitation of them was sometimes out of their control. Some ExSP expressed desire to move forward, to leave certain aspects of their AF background behind them, and embrace a new occupational identity, but found that the morbid curiosity of civilians prevented this (Ahern et al., 2015; DiRamio et al., 2008); *“He kept pushing me for information and some sort of insight as to my experiences in the military”* (DiRamio et al., 2008). Attempts to preserve a sense of a shared identity and recognition and regain an element of emotional security was evident in the way that ExSP report to gather together in maladaptive groups (drinking alcohol while reminiscing) to collectively cope with negative memories and transition struggles (Brunger et al., 2013).

Experiencing difficulties in compartmentalising their lives by analysing peer’s behaviours, while trying to listen to class instructions was not conducive to social and environment integration (Hammond, 2015). Neutralising skills and making attempts to not operate on a psychological autopilot takes time.

#### 3.4.2.5 Push/Pull motivations

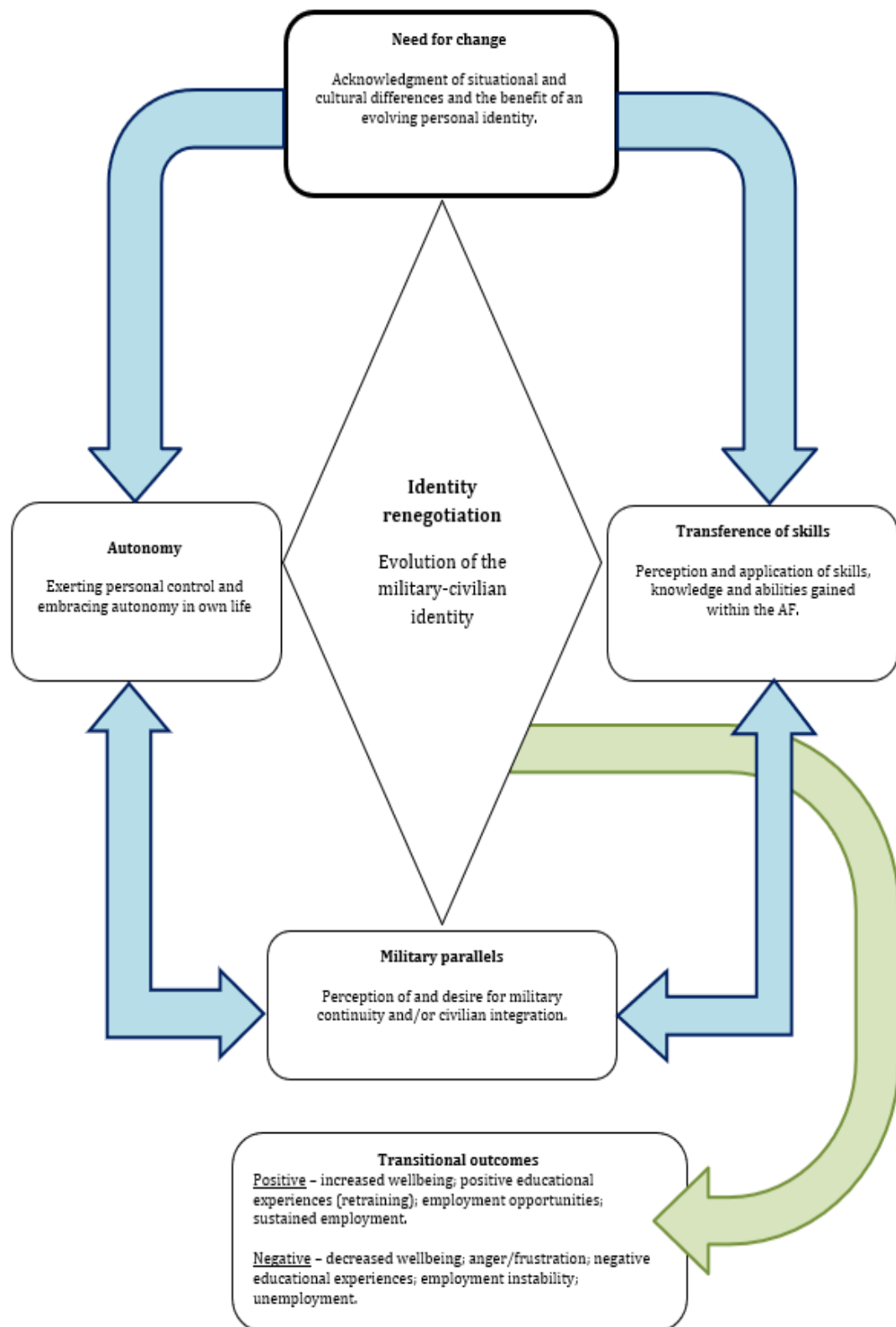
ExSP expressed strong drives and reasoning behind certain actions and thoughts, irrespective of transitional success and identity renegotiation. ExSP reported wanting to 'give back' and have searched for or found careers where they are able to do this, such as helping set up specific support programmes at university for ExSP, becoming a teacher themselves, guiding the younger generation, or a counsellor (Kukla, Bonfils, et al., 2015; Robertson & Brott, 2013; Schermer, 2014). Despite the inflexibility of only wanting to work with or for other ExSP, when this is in a benevolent way as opposed to avoidance of non-military individuals, the process of acceptance and identity readjustment appears to occur.

A common thread among some ExSP, primarily those who were reported to have transitioned well, was the value they saw in having a different perspective on life; *"There's nothing here I can't do after my accomplishments in the military"* (Olsen et al., 2014). This attitude and feeling of autonomy laid the foundations for willingness for change, creating occupational opportunities. Injured personal, and those with negative military experiences, were reported to follow more entrepreneurial career paths post-discharge due to the flexibility they offered and wanting to be in control, but the push motivations behind these choices were important. Desire for change born out of anger may not create the same opportunities due to a different psychological mind-set; *"Never again, never will I put myself in a position where my future and my family's future are in the hands of someone else. No way."*; *"I was almost close to death. I mean, [and] I was following orders; I was doing what I was told. And [now] I don't like not being in control."* (Haynie & Shepherd, 2011).

#### 3.4.3 Line of argument

The proposed conceptual model below in Figure 6, generated from the results, demonstrates the key factors that influence identity renegotiation and the various views/angles within each factor, which all emanated from the original research.

Figure 6: Conceptual model of the key factors that influence identity renegotiation



Central to, or at the top of, the experience of ExSP attempting to renegotiate their military-civilian identity is recognition and acceptance of a need for change. Adjustment may be required in the way they self-identify; recognising that their circumstances have changed, and that civilian norms, values and customs may be different to the AF (particularly in the occupational settings). If they can do this, they seem more likely to see the benefit of and be more willing to engage in a flexible approach to a life of military continuity (seeking only military related environments); seem more likely to feel autonomy in their lives (and not that they are lost/trapped in the civilian world); and seem able to look at the transferability of their skills in a more abstract way. Consequently, whilst navigating the transition phase, a more accepting and open outlook may create more vocational opportunities, culminating in the slow renegotiation of their identity. Recognising and accepting the need for change may take time, but it appears that once this phase has been reached, as described above, the rest may follow in time too.

Without this recognition and acceptance, ExSPs' identities appear at odds with their environment, and appear stuck, unable to move forward while also unable to move back. Aspects of military life and subsequent transition can be a barrier or facilitator to civilian success, based on the acceptance of identity adjustment and renegotiation (Brunger et al., 2013; Kukla, Bonfils, et al., 2015). ExSP who do not recognise the need for change, may well attempt to 'fit' their new civilian life into the military mould they feel most comfortable in and thus appear to seek persistent sameness. They see incompatibilities in their new social network and their skills and attitudes, resulting in frustration, social and psychological distancing and reduced wellbeing. Due to these perceived incompatibilities, poorly adapting ExSP may report a lack of autonomy in their lives, feeling trapped with no positive future, while others may follow autonomous occupations (e.g. business owner) for the wrong reasons, such as rebelling against organisational control out of anger due to negative military experiences. Consequently, ExSP may experience employment instability and may have less than positive educational experiences at university (irrespective of grades), and an overall reduced wellbeing.

### **3.5 Discussion**

As far as is knowledgeable, this is the first systematic review of occupational identity in ExSP. It was considered that using a meta-ethnographic approach for this review, to explore the lived experiences of 392 ExSP from the included studies, would provide original and relevant findings. Five key constructs were identified with 'a line of argument' flowing throughout. Central to the experience of ExSP attempting to develop an evolved sense of self, was the recognition and acceptance of a need for change/adjustment. It

seemed apparent that future occupational success, and to some extent general transition success, may be dependent upon whether an individual recognises and accepts the need for adjustment, primarily acknowledging a slight shift in identity or aspects of their identity. Equally, however, occupational identity appears influenced by transitional experiences, deeply intertwined.

### 3.5.1 Findings in context

The AF demand a lot from their personnel, within a 'greedy' culture defined by its organisational structure and rules (Segal, 1986). Reduced individuality (or depersonalisation; Demers, 2011), compliance, order, and the 'we' not 'I' ethos, are some of the dimensions of military identity, and are in direct conflict with the civilian nature of autonomy, being interactive and interpersonal (Smith & True, 2014). It is understandable that when many of these civilian principles are lost through military enlistment, it can be difficult to develop and mould an evolved and integrated identity again that requires the opposite of what they have been conditioned to become.

Incompatibilities and disillusionment with both the civilian environment and population appears to come as a surprise for most ExSP. This includes vast attitudinal differences, cultural ambiguity, lack of direct transferability of skills/qualifications, and public perceptions. As some experience a culture shock during enlistment and go through a period of adjustment, they may also experience a reverse shock upon exit (Bergman et al., 2014). In part, this may be related to pre-discharge mentality, creating a mismatch between expectation and reality post-discharge (Kukla, Rattray, et al., 2015; Walker, 2013).

Interpersonal incompatibilities may have more of a negative impact however than we realise. As Tajfel (1978) suggested in the Social Identity Theory, 'who we are' is not only personal but overtly social, and we identify and judge ourselves in comparison to others. If there is an intense mismatch between ExSP and their new social peers, or between the ExSP current and ideal self, identity renegotiation may be more difficult, leaving ExSP unable to recognise themselves either internally (personal) or externally (social) (Sharma & Sharma, 2010). Discrepancies can cause intense psychological discomfort, where the individual struggles to unite their strongly held views/aspirations/responsibilities/visions of the future with sudden planned or unplanned changes (known as Self-Discrepancy Theory; Higgins, 1987). This can have a domino effect on social integration and occupational stability and satisfaction. Maintaining



some connection with their military past in an unfamiliar environment may be important for existential grounding in their new non-military environment.

Through interviews with service personnel due to leave the UKAF, Walker (2013) claimed that cognitions and identities begin to develop prior to discharge, influenced by service and personality, affecting post-discharge vocational ideologies and ultimately transitional success. He found that imminent service leavers did not portray themselves as well prepared for civilian life, and 'played' with identities of questionable value in civilian society. Review evidence suggests that without sufficient realisation of what lay ahead, ExSP may have many negative experiences during the initial stages of their transition when aspects of military identity clash with civilian identity which can elicit anger and resentment. This journey characterised by anger and resentment appears more likely to lead to the search for persistent sameness; in search of what they know, what is safe and familiar, providing emotional security.

Despite possible transitions into new roles in education and employment, ExSP may not have fully cognitively transitioned; they may not have begun the renegotiation of an evolved identity at these cultural intersections, struggling to maintain such roles. When an identity is particularly significant to an individual, they may act in ways that are in line with that identity even if not appropriate for the given environment (Stryker, 1980). This is illustrated by examples of ExSP who experience employment instability, losing their jobs due to inappropriate behaviour because of what they describe as intolerable differences (Kukla, Rattray, et al., 2015). Although Identity Status Theory was originally developed for late adolescent identity crisis (Marcia, 1966), Luyckx et al. (2010) recently found in early working age adults, that individuals who do not make choices to move forward, are not attempting or are unwilling to make a commitment to change, experience low work engagement and high burnout. This occurs when occupational identity clashes with their new occupation.

ExSP's search for persistent sameness requires a fine balance. Having a solely military social circle and seeking only military aligned roles such as private security contracting (a type of hybrid role perhaps) continue (1) the soldier identity, (2) the notion of special status above civilians; (3) the 'we' not 'I' approach; (4) interpersonal distancing outside of their contracting group; (5) deindividuation, and (6) organisational dependency. While in the short term this may aid readjustment, allowing a gradual transition, anchoring their sense of self, cognitive acknowledgement of the need for change/development over time may still be needed. Rigid attitudes may hinder societal integration, causing social

isolation and maladaptive coping strategies such substance misuse (e.g. social networks with a disproportionality high number of ExSP is related to substance misuse; attempting to collectively cope; Brunger et al., 2013; Hatch et al., 2013). An inflexible approach to military identity continuation through these 'hybrid' military environments may not be a true illustration of successful transition. Haynie and Shepherd (2011) argue that such individuals have not accepted and dealt with their past losses or changes, affecting their beliefs about the world, consequently not able to develop new career narratives and may not transition well over the long term. 'Hybrid' roles and military dominant social circles may be beneficial as stepping stones or a base from which to explore and integrate the civilian world, rather than rigidly seeking persistent military sameness.

As noted throughout the review data, acknowledgment and acceptance of change/adjustment seems to influence how ExSP manage situations. Understanding that their previous identity does not evaporate (Burke, 1991) and that it can be built upon, allows individuals to think abstractly about themselves (Haynie & Shepherd, 2011). Being able to see links and connections between past military life and future civilian living creates opportunities. Acceptance of cultural differences, having a flexible and balanced approach to military parallels (not rigidly seeking military continuity in all aspects of life), and exerting and embracing autonomy, appears to lead to occupational identity renegotiation, and subsequently increased wellbeing, positive educational experiences (e.g. university – irrespective of grades) and employment opportunities. Kroger and Marcia (2011) suggest that new evolved identities after a transition may be related to higher self-esteem and self-efficacy, internal locus of control and functional coping skills, which can be noted in some of the evidence in this review. Importantly, Kukla, Bonfils, et al. (2015) discovered that what their unemployed participants saw as barriers to successful occupational transition, their employed participants saw as facilitators. The perspective and mindset appear to facilitate occupational outcomes.

Although identity renegotiation is a task for the individual ExSP, transition difficulties are not solely down to them. For a functional mix of ExSP and civilians in one society, society may require an increased understanding of individuals with military backgrounds. Despite an growing number of organisations in the UK having signed the AF Covenant (Ministry of Defence, 2011), ExSP still report experiencing prejudices by employers. Barclays Bank (2016), who provides an AF Transition Employment and Resettlement (AFTER) Programme, carried out a survey of civilian employed ExSP, and found that 15% of ExSP reported being asked an inappropriate question in their job interview ("have you killed anyone?") and 25% reported that their interviewers had gross misconceptions

about them based on their military background. Conversely, recent research carried out by Deloitte LLP (2016) on 250 medium to large organisations discussed how organisations with ExSP are generally very positive about their value. However, although 87% of the organisations surveyed were aware of support for companies who wish to employ ExSP, only 24% link with any such services. It has been suggested that communities may not be ready for the number of ExSP and the needs that accompany them, and that friends, family and organisations who are in close contact with them may require assistance in the form of transition support groups and training (Demers, 2011; Miller, Finn, & Newman, 2014). Kukla, Rattray, et al. (2015) indeed found that a strong network of support from spouses, friends and health professionals sets the stage for a positive transition, giving ExSP the tools to start developing a strong ex-service identity in order to cope with the civilian employment market. Redmond et al. (2015) concluded their review by stating that the military workplace cultures that ExSP have been exposed to, make them different, and the civilian workforce requires additional support/strategies to increase awareness of the needs, experiences and characteristics of ExSP, to help smooth the interpersonal working relationships. As the Deloitte LLP (2016) report points out there is a lack of understanding of the abstract transferability of skills of ExSP, in that over a third of organisations do not recognise the skills of ExSP, while organisations that employ ExSP acknowledge this as a key asset. McCartney (2011) found through media searches, that in the UK, soldiers are seen as heroes, victims and villains, but mostly as victims; all of which have significant practical and policy implications. Without adjusting public perceptions, ExSP may face further challenges that limit their opportunities and perpetuate the friction between these two cultures and the cycle of perceived inability (Ashcroft, 2014, 2017). This is particularly pertinent in occupational settings as found in this review and may be one reason behind the psychological rigidity of some ExSP.

Although thoughts about the transition period changes with time (Brunger et al., 2013), identity renegotiating is not a linear process (Burke, 1991), nor is it an end-point (Herman & Yarwood, 2014). With time, many will recognise and accept the need for adjustment (the length of which is entirely individual) and discover where they feel most comfortable and how they wish to identify themselves. Whilst ExSP navigate this phase, they may be described as being 'betwixt and between' (Turner, 1987) feeling suspended and uncertain in social membership, not a complete civilian, no longer military (Demers, 2011). Struggling with this 'between-ness' (liminal state), can result in and be exacerbated by *"engaging with liminal spaces that present an apparent opportunity to recapture what could actually never be regained"* (Herman & Yarwood, 2014, p. 49).

Evidence from this review also has relevance beyond the AF; the military may not be as different from the rest of society as many people think. Most people exit many roles in life, such as becoming an ex-spouse and ex-student. However, there are also situations in which individuals exit other bounded communities, some with strong identities, rules and structures, such as the police force and prison (Visser, LaVigne, & Travis, 2004), but also returning migrants (Tannenbaum, 2007), and 'religious' cults. Irrespective of the severity of the exit, transitions do not occur without social and life disruption (George, 1993). Acceptance of the change in environment and the way in which an individual has come to know themselves requires adjustment, going through similar difficulties to those of ExSP, in renegotiating their 'post-community' identity (Herman & Yarwood, 2014). Occupational exit is a distinct transition, as it requires dislocating oneself from the norms and values of the previous self and simultaneously learning how to be something new, and merge the two, while being judged in a professional environment (Ebaugh, 1988). Understanding the extremes of the military-civilian transition may help us understand other transitions too.

### 3.5.2 Reflections from the findings

Much of the data found in this review alludes to a reverse culture shock, as described by Bergman et al. (2014), hindering psychological adjustment due to lack of adequate preparation. Military resettlement packages could focus more on helping veterans to better psychologically and emotionally manage expectations, reducing the dissonance between pre-discharge expectation and post-discharge experience, and highlight the importance of active identity renegotiation. Others have also formed this view; Brunger et al. (2013, p. 97) state that *"to facilitate the transition from military to civilian life, a systematic preparation that converges on identity is of paramount importance"* and Lord Ashcroft's Veterans' Transition Review (Ashcroft, 2014) highlights the importance of service leaver's mind-set in preparation and planning for civilian life. Such provision may include (1) 'how to be non-military', covering aspects of acceptable or appropriate social interaction and what to expect from non-military individuals; (2) how to manage the immeasurable sense of loss (identity, camaraderie, security) possibly through the stages of grief (Kübler-Ross, 1969); (3) how to manage memories, the wish for military-ness and the possible desire to re-enlist; (4) the variety of roles open to service leavers but also adjusting the expectation of being able to 'fall' into work; (5) and preparing service leavers for general norms in civilian occupations (structure, routine and hierarchy, or lack thereof). Perhaps taking a military approach to the military-civilian transition, may indeed help with psychological adjustments and development of a new occupational identity; *"right we are going to have to treat it like a deployment. It is a three-year transitional deployment . . . a difficult deployment. And that's quite a good strategy, actually. It gives you some period to*

*see a light at the end of the tunnel, you know, when you will be settled . . . Don't expect everything to go well for three years . . . because you can get kicked in the teeth."* (Herman & Yarwood, 2014, p. 47).

The military identity, and soldier identity in particular, can be highly significant to the self-concept and any threat to this (e.g. incompatibilities within civilian society) can affect health (Thoits, 1995) as they anxiously attempt to hold onto it. It is not the identities that conflict so much, as the importance of those identities and their intrinsic values (Ashforth & Mael, 1989). Individuals may internally struggle to manage this conflict when their environment demands shift, leading to stress and reduced wellbeing. Incompatibilities however, are not necessarily always problematic when in the right mind-set. Cognitive foundations about the self, including abilities and perceived identity, has an impact upon occupational performance and success. A qualitative review of non-military personnel re-entering work with mental health problems (Blank, Harries, & Reynolds, 2011), shows that work-related self-efficacy seems to predict occupational success over time. Thus, programmes that focus on maladaptive work-related thought processes (Kukla, Bonfils, et al., 2015), including occupational identity, may be helpful for transitioning ExSP, as well as those who are several years post-discharge and seem to have transitioned less well.

### 3.5.3 Caveats

Although 16 studies were included in the review, only five focused *solely* on identity, with the remainder focusing on other aspects of veteran transition and vocation, touching on aspects of identity. As a result, the findings are only as in-depth as the included papers allowed, and some of the conclusions are softer than would be ideal; however, they still provoke thought and lead to research questions/recommendations for the design of the study.

Interestingly, and somewhat concerning, is that the synthesised evidence from participants appears overwhelmingly negative, with frequent reports of difficulty in social integration and identity negotiation, with few positive comments. This however, may be a reflection of methodology rather than the ExSP experience. Five studies recruited vulnerable populations from health service clinics and supported housing, two studies had a specifically negative focus (*challenges* of transition), while six were based on self-selection in response to advertising, all of which may have inadvertently recruited participants with particular negative views.

Most of the studies were also from the US, and so may highlight more cultural differences than occupational identity patterns. The context and experience of being an ExSP, and provision for them in the US, varies substantially from the UK. Feinstein (2015) acknowledged that the situation surrounding US ExSP is unusual, as despite being large in number, the welfare system provided for them is limited, and quite financially driven; 'veteran identity' and in particular the 'hero identity' appears somewhat related to financial/status gains. Feinstein (2015, p. 17) found in his study, that their positive veteran identity does not necessarily translate into positive psychological or transition success *"because veterans are often aware of the manipulative and instrumental nature of this act, and therefore drop the mask as soon as the show is over"*. It may be that they do not wish to truly identify as a 'veteran', as someone having left the AF, feeling a sense of group membership separation.

Six of the included papers were obtained through hand searching, putting into question the comprehensiveness of the search strategy/terms, and representativeness of the review. Furthermore, the appraisal of the quality of the studies that have been included revealed methodological shortcomings in half of the studies, and it is not possible to differentiate between whether they are reporting failures or methodological failures.

### 3.6 Summary

Identity, of which occupation is part, is indistinguishably linked to the external world; they create each other, and it is here that interpersonal similarities can be seen and where one identifies and develops a sense of belonging (Demers, 2011; Tajfel, 1978). Military service is not just a form of employment, it is also a social structure. It has unique core values and creates a strong set of skills and identity concepts in its individuals. After leaving the AF, ExSP must navigate the space in between, managing the complex process of unbecoming to facilitate occupational success. It is also important for us to remember, that although the AF is quite different to most common careers (e.g. working in an office), it is perhaps not as different as we may imagine to working in the police force or being in prison.

The results of this review suggest that there are factors related to a strong military occupational identity that may help or hinder a successful transition. Knowledge of these factors may be useful in understanding the transition process for ExSP (and individuals from other bounded communities), highlighting important things to consider when service personnel are about to discharge, and important things to consider for civilian society when welcoming them back.

However, the fundamental message which emerges from this review is that the development of a new evolved sense of self is reliant upon the acceptance of occupational change and the active willingness to move toward an occupational identity shift. Consequently, military resettlement provision may be more beneficial if it goes beyond practical vocational advice, providing psychological preparation ideally pre-discharge, but primarily during the transition process. This will be vital in helping ExSP cognitively and emotionally prepare for a different life to what they were used to, and to what they may be expecting, and acknowledge the inevitable need for adjustment to succeed both internally and externally.

It is therefore important to frame this in a political context, particularly with regard to redundancies and reshuffling in the UK AF and the expansion of the reserve force; military-civilian identities seem to be increasingly more important (Herman & Yarwood, 2014). The cost of sweeping this issue under the carpet is potentially considerable.

The knowledge gained from this review informed the inclusion of an occupational identity objective as well as the design of the interview schedule for the qualitative phase of this study.

## **CHAPTER 4: Work Readiness Systematic Review**

This chapter seeks to answer objective two; to systematically review published literature on readiness for employment, aiming to uncover factors important in gaining and maintaining employment. This review will not be specific to military veterans as the military is an employer as any other organisation.

### **4.1 Background**

Many people go through occupational transitions in their working lives. For many returning to or changing work can be a challenging and daunting prospect. Individuals may be returning to work after job loss, injury/sickness, parenting, or after a break to change careers. Many may have received various levels of social and welfare support and have become accustomed to a lack of routine or a different work culture. The first challenge they may face is gaining employment, but it is less clear how to maintain employment, self-efficacy and self-esteem and to avoid employment instability (Fossey & Harvey, 2010).

When considering returning to work (referred to hereafter as RTW), there are many different factors one may need to consider, including: profession, role position, qualifications, size of organisation, organisational culture, and work-life balance. Making practical efforts to prepare for returning to work such as gaining trade-specific knowledge, job search and interview skills and obtaining appropriate qualifications may indicate work readiness (referred hereafter as WR) (Makki, Salleh, Memon, & Harun, 2015; Mason, Williams, & Cranmer, 2009). This is only the first challenge though, there is also the challenge of maintaining gained employment. Many organisations now offer practical, psychological and emotional approaches to help employees in their new roles, to settle in and progress. Starting a new role can require individual change to align with new organisational norms and values and can require a challenging cognitive shift, a hurdle many may fall at resulting in job loss. Managing individual change and transition from within the organisation through strategies such as coaching and performance management (e.g. training, mentoring) act as a type of personnel investment, facilitating long term beneficial outcomes for both the employee and employer (Jones, Woods, & Guillaume, 2016; Theeboom, Beersma, & van Vianen, 2014). As Baruch (2004) and Chudzikowski (2012) suggest, careers have become increasingly boundaryless with a shift in expectation as to how the organisation can serve the individual (rather than traditionally the other way around). Employers are expected to provide sufficient career and personal development opportunities and support, to scaffold employees in their



career progression and aid current and future role transitions, ensuring long term employability (Clarke, 2007; Clarke & Patrickson, 2008). Indeed, support in the early stages of a new job has been found to be successful in helping individuals maintain that job (e.g. Individual Placement Support; Bond, 1998; Leddy, Stefanovics, & Rosenheck, 2013).

However, even if someone has all this support in place they may still not be truly prepared, or may find themselves unemployed again soon after, putting further burden on societal resources. In the context of this thesis, the AF are considered to provide in-work coaching, support and training, advertised as preparing personnel for their post-military careers, increasing their employability. However, this is reportedly insufficient (Higate, 2001; Robertson & Brott, 2013), leaving ExSP unprepared and feeling unemployable after experiencing difficulties gaining employment. Similarly, gaining employment too rapidly and thus potentially an unwanted job or poor psychosocial job quality, can also cause stress and mental ill health, where unemployment may be better than poor quality employment despite in-work support (Butterworth et al., 2013). This may perhaps be because practical readiness to work and psychological readiness are part of two separate conceptual domains. Readiness seems likely to play a role in sustaining employment but may quite crucially be involved in being able to gain/change employment, before any available support from within a new organisation for individual change and development.

A qualitative review by Andersen, Nielsen, and Brinkmann (2012) found that individuals with mental health problems perceived challenges in deciding whether they were ready to RTW. Personality, social support and rehabilitation systems were also important in helping or hindering the RTW process. Kalil, Schweingruber, and Seefeldt (2001) found evidence to suggest that cognitive and emotional factors, and individual perceptions about gaining employment, and leaving welfare support, is significantly related to later employment success. Similar problems are also experienced by the ex-military population, who are also faced with a different lifestyle pattern. Recent qualitative research (Kukla, Rattray, et al., 2015) found that some ExSP, despite having the required skills/qualifications, the intentions and capability to work, were not always able to maintain employment. Indeed, and not uncommonly, many wanted to return to their previous roles, finding it challenging to accept cultural differences in the way military and civilian organisations operate, resulting in a cycle of employment turbulence and welfare support. However, in the ex-military population, there may be other factors involved in becoming civilian work ready such as occupational identity transition (Brunger et al., 2013) as discussed in the previous chapter.

The desire to get individuals into work, through quick interventions seems to have ignored the importance of readiness, but it is from employment intervention research that has shown that despite general success, a substantial proportion of individuals were still not able to gain employment (Drake et al., 1999; Lehman et al., 2002; Mueser et al., 2004; Rinaldi, Miller, & Perkins, 2010). Understanding why, is likely to be the key to greater employment success. Roberts and Pratt (2007) reviewed the evidence of nine supported employment studies, analysing the inclusion criteria and concluded that pre-intervention eligibility criteria are predictive of vocational outcomes and possibly indicative of readiness (although by virtue may screen out low readiness). There was a substantial difference between studies with high and low positive vocational outcomes (obtaining any employment, placements or work-related training), by the presence of selection criteria (e.g. clinical stability, *desire* for a competitive job, attendance of prevocational training groups). This supports the findings of an earlier study by Lucca, Henry, Banks, Simon, and Page (2004), who identified a significant relationship between WR self-assessment and later occupational achievement and maintenance.

## 4.2 Rationale

There is a large body of literature on in-work support for (new) employees to help maintain employment (and facilitate career progression), assisting those who may have found the transition challenging. However, there is an earlier step in the process that appears to have had less focus, gaining of employment before in-work support is even possible. While decisions or assumptions on being ready to RTW are commonly made in clinical and career counselling settings, there seems little consensus in the literature on the definition of WR and little-known guidance on how to assess it beyond the practicalities of qualifications and job search skills. To reduce the human, social, and economic impact of employment instability (Andersen et al., 2012; Fossey & Harvey, 2010; Stergiou-Kita, Rappolt, Kirsh, & Shaw, 2009), a better understanding of WR may be needed. This review therefore aims to generate a most agreed upon meaning of WR and which factors and experiences appear key in the RTW process.

## 4.3 Methods

### 4.3.1 Search Strategy

A selection of terms was used to try to capture all relevant studies on what work readiness means (see Figure 7). To develop a comprehensive search strategy, an element of trial and error was employed to test the scope and sensitivity of the search terms used. For

example, a search was conducted with and without the term ‘work’ to test whether the addition of the term retrieved worthwhile additional results not related to the other meanings of the word (e.g. “*to see whether this intervention works*”). ‘Work’ was retained for the final search as its inclusion revealed potentially relevant studies.

Figure 7: Search terms

1.	Character*; attribute*; trait*; personality; perception*; perspective; experience*
	AND
2.	Employ*; work; job; occupation*; vocation*; career; profession
	AND
3.	Read*; prepar*; fit*
	2 ADJ4 3

#### 4.3.2 Selection Criteria

Articles were eligible for inclusion if they met the following criteria:

- Peer-reviewed
- Quantitative methodology (use of a measurement tool)
- Investigated or analysed the concept of return to work - WR/preparedness in relation to returning to work or transitioning to work/new career
- Had work-related outcomes
- Any employment type and field (mechanic, office worker, nurse, etc)

Articles were not eligible for inclusion if the study focused on:

- Children (<18yrs)
- Individuals with learning difficulties
- Returning to/entering education or voluntary work
- *Only* looking at psychometric properties of an RTW scale

#### 4.3.3 Conducting the review

A systematic search of Ovid MEDLINE; Embase Classic and Embase; PsycArticles; PsycInfo; Social Policy and Practice; and Web of Science was performed. Citations and abstracts were downloaded to EndNote X8 (Thompson Reuters, New York, USA). Immediately identifiable duplicates were removed through the EndNote ‘remove duplicates’ function; remaining duplicates were sifted out during title screening. Based on the above criteria, titles were screened for an initial decision on inclusion. The remaining article abstracts were read to assess their applicability, excluding only those that did not meet the selection criteria. Where possible, the full text of the remaining articles was obtained and read in their entirety to make a final decision as to inclusion for data extraction. Hand search

techniques included reference list screening of the full text articles and forward citation of the included studies.

#### **4.3.4 Data extraction and analysis**

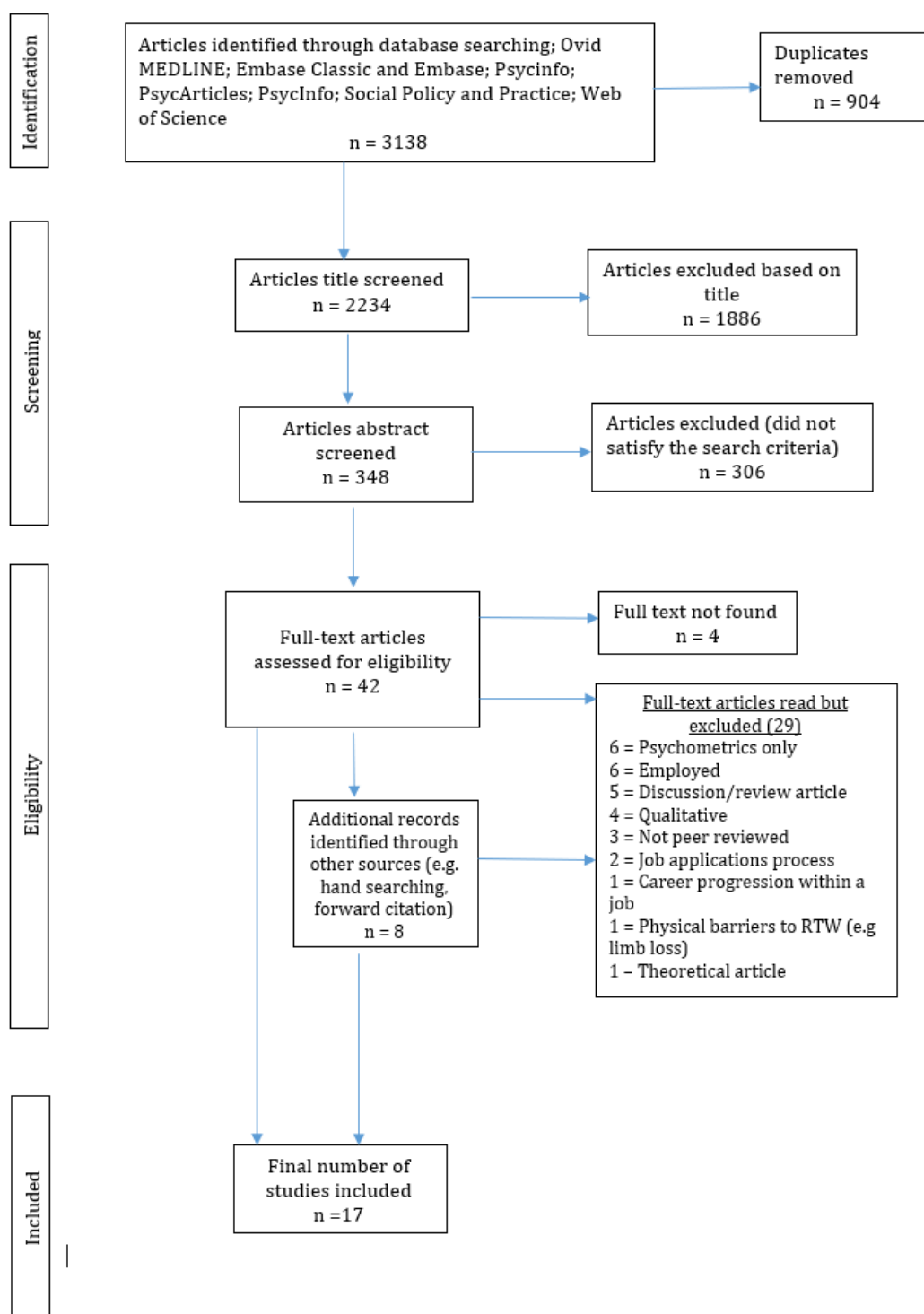
Data extraction followed a standardised process into a review specific designed spreadsheet, which included: year of publication; country of study; study aim and design; participants (sample size and demographics); outcome measurement tools (if used); work readiness definition; and findings relevant to returning to work.

This review sought to identify what WR means and factors that have been found to be related to WR. Therefore, definitions were noted where possible as well as the outcomes of interventions to identify what may influence the ability to gain employment, outside of practical skills. This information was then input into the above stated spreadsheet.

#### **4.4 Results**

A total of 3138 citations were identified. After screening, 17 papers remained appropriate for inclusion (see flow chart, Figure 8). Much of the WR literature (n=6, 35%) appears to centre on graduate entry into professional work, RTW for physical pain related injuries or disabilities, and to a lesser extent, mental health problems (see Table 43 in 2.1 Appendices for an overview of included studies). Terminology within the work readiness area appears complex and varying; see work readiness terminology Table 44 in section 2.2 of the Appendices for a list of terms used in this review.

Figure 8: Flowchart of the screening process



#### 4.4.1 What does WR/preparation mean?

Few studies (6) attempt to define/discuss/explore the concept of WR. The articles described below have described their perspective of WR while also conducting an RTW study to validate their position. The approaches described below vary quite substantially and are presented in silo, with a consensus drawn for the discussion.

The stages for change model originally theorised for addictive behaviours (Prochaska & Diclemente, 1983) has quite extensively been used in the application of readiness to RTW to devise a definition (Lam, Wiley, Siu, & Emmett, 2010; Li-Tsang, Li, Lam, Hui, & Chan, 2008; Li, Li-Tsang, Lam, Hui, & Chan, 2006). Many authors suggest that the process to work readiness is non-linear, moving through the stages set out by Prochaska and Diclemente (1983). Although the model of WR is not part of a definition, it is important to understand its perspective as it forms the basis of a number of studies:

Pre-contemplation: The individual is not acknowledging the need for change and may in fact be unaware of the need for change (the need to work), thus not ready to RTW. They are content in their current situation.

Contemplation: The individual is considering the possibility of changing their situation and RTW soon. However, doubt remains as to the real benefit of being employed over their current situation, and they are not yet ready to commit to change.

Preparation: The individual is making a concerted effort to gain information and making plans and decisions about RTW. They are responsive to RTW interventions at this stage and may be active in the job search process. This stage may include managing expectations and goals.

Action: The individual has returned to work in varying capacities (voluntary, part-time, flexi-time, full-time). They may remain vulnerable at this point and be at an increased risk of losing their job, until their work-related self-efficacy increases. They may continue to engage in employment support during these early stages.

Maintenance: The individual attempts to maintain the changes they have made to their situation and intends to keep their employment, using skills they have learnt along the way to face work-related challenges.

Scale support for this definition of WR, however, is scarce and mixed. Franche, Corbiere, Lee, Breslin, and Hepburn (2007) proposed the 'Readiness to Return to Work' scale with limited empirical data to date, while data from Li et al. (2006), Li-Tsang et al. (2008) and

Lam et al. (2010) supporting this model is based on an unpublished scale; Chinese Lam Assessment of Stages of Employment Readiness (LASER and C-LASER).

Conversely, Roberts and Pratt (2010) based their notion of WR on the concept of psychiatric rehabilitation originally theorised by Farkas, Soydan, and Gagne (2000). They proposed that WR is primarily centred on the *intent* to gain work rather than the *ability* to actually work. They believed that individuals (1) must acknowledge a need to change their situation that is to say accepting they are unhappy with their current occupational situation; (2) be committed to wanting to gain employment, believing that doing so is both achievable and positive; (3) be aware of the skills and experience they have to offer, and the type of employment they want; (4) be aware of work-related and trade-specific demands, expectations and opportunities; and (5) be willing to engage with support offered including with the person providing that support. However, much of these criteria are like the stages of change RTW model. Furthermore, Roberts and Pratt (2010) found that continuation of supported employment interventions and general psychiatric rehabilitation increased the chances of gaining and maintaining employment.

Finally, Jaensch, Hirschi, and Spurk (2016) believed that there are several indicators of work/career readiness: planning (forethought to future goals); decidedness (clear preferences and interests); career-related confidence (work-related self-efficacy); and career engagement (proactive behaviours to reach work-related goals). They go beyond mere description, proposing that various interest constructs are related to career readiness and can aid such an assessment; interest congruence (how well matched the person's interests are with their work environment, with a high correlation leading to work satisfaction and sustainability); interest differentiation (how distinct and strong someone's interests are, aiding the decision making process, increasing motivation, career self-efficacy and career readiness behaviours); and elevation (the general level of interest in their career, signifying openness and flexibility of interest, where high elevation is associated with career planning and work-related self-efficacy).

#### **4.4.2 What factors appear relevant to the RTW process?**

See final column of Table 43 in the appendices for detailed results.

Length of unemployment: Watson, Booker, Moores, and Main (2004) suggest that the length of time someone is unemployed is an important factor to consider, as their needs may differ (e.g. greater negativity, and greater mental and physical health problems as a

cause/consequence of unemployment); additional employment skills training, rehabilitation focus and adjustment of misaligned views of the employment industry.

Medical/health problems: Individuals were considered more employment ready if they had increased control and understanding of their physical and mental health needs (Adams & Williams, 2003; Riddell, Banks, & Wilson, 2002; Watson et al., 2004), enabling significantly better anxiety management, stress management (Li et al., 2006) and positivity in overcoming obstacles (Adams & Williams, 2003; Roberts & Pratt, 2010). This was found to lead to increased chances of gaining employment (Riddell et al., 2002).

Placements/work experience: The benefits of work placements/experience, both supported and unsupported have been explored (Cave, Woolf, Jones, & Dacre, 2009; Li-Tsang et al., 2008). Supported work experience and work shadowing have both been found to increase the likelihood of gainful employment and decrease anxiety about returning to work. However, they were not predictive of the level of employment success, such as full-time/part-time hours.

Training/education: Training and education specifically related to the desired job or career increased preparedness for work (Cave et al., 2009).

Planning and decision-making: Evidence suggests that career decision-making and career-related self-efficacy and career interest decidedness are all aspects of career preparation, and increased knowledge and awareness of careers improves these concepts (Gati, Ryzhik, & Vertsberger, 2013; Jaensch et al., 2016; Zikic & Klehe, 2006). Focused career planning was found to be beneficial to valuable and desired employment. However, improvements in career-related decision-making and self-efficacy have not been found to increase gainful employment (Gati et al., 2013).

Adaptivity: Adaptivity is described as the cognitive flexibility for career-related change. Career adaptabilities (made up of internal career resources; concern; control; curiosity and confidence) have been found to be associated with decision-making and gaining employment, however, mediated by job-search self-efficacy (Guan et al., 2013; Zhou, Guan, Xin, Mak, & Deng, 2016). Interest and perceived control in a career is suggested as predictive of self-efficacy while interest/concern alone is predictive of gainful employment. Overall career confidence and curiosity in occupational life was not found to be associated with employment or readiness. A sense of career autonomy and agency



(internal locus of control) was found to effect self-efficacy, mediated by career adaptabilities (Zhou et al., 2016).

Personality: Significant associations have been documented between personality domains and WR, and personality domains and career-related decision-making (Cave et al., 2009; Gati et al., 2011). Agreeableness, conscientiousness and extraversion were positively related to WR, while neuroticism was negatively related to WR. Similarly, higher levels of emotional and personality-related career decision-making difficulties correlated with higher levels of neuroticism, agreeableness, perfectionism, and cognitive closure, and lower levels of extraversion, locus of control and career decision self-efficacy.

Resilience: Readiness, information itself and consistent information was found to improve resilience (defined as optimism and engagement in life, with ability to be productive and solution focused in response to challenges, disappointments and adversity; Shin & Kelly, 2015). However, resilience only accounted for a very small proportion of the variance in career decision-making, and even less in readiness specifically (see Table 43).

Work-related self-efficacy: Work-related self-efficacy is the self-belief that one can accomplish and perform within their role and work domain. In examining vocational interests, Jaensch et al. (2016) proposed that work-related self-efficacy was positively related to interest elevation (openness and flexibility in interests) and focused career planning (Zikic & Klehe, 2006). Perceived inability to work was significantly associated with later unemployment (Adams & Williams, 2003; Braathen et al., 2014). It is possible though, that people who lose their job may experience a reduction in work-related self-efficacy, leading to a reduced likelihood of gaining future employment. Such concerns may indeed dissipate after RTW.

An internal drive (a calling) was also found to increase self-efficacy, that it is what they were meant to do, although no employment outcomes were measured to externally validate this (Hirschi & Herrmann, 2013).

Social support: Zikic and Klehe (2006) found emotional and instrumental social support was significantly positively associated with a high quality of re-employment six months after job loss. Adams and Williams (2003) suggest that unemployed individuals who had not RTW at one-month follow-up after a pain management program, expressed more scepticism about organisational support than those who were working. However, the authors do comment that differentiating reporting bias from an accurate picture may not

be straightforward; workers reported more positive employment experiences than non-workers; and workers may be reporting based on experience, while non-workers may be reporting on beliefs and expectations or earlier experiences.

Expectations and goals: Work-related goals and expectations are discussed in the literature as important for WR, but do not appear to be tested as a predictor or an outcome (Li-Tsang et al., 2008).

## 4.5 Discussion

This review sought to clarify the understanding of WR/preparedness and the factors that appear important in the RTW process. The review comprised seventeen studies, six of which specifically addressed the meaning behind WR while the remainder only investigated aspects of what could be deemed as readiness to RTW without definition (as much as can be assumed with a lack of an agreed upon definition in the field).

### 4.5.1 What is WR?

Although there are variations in the way literature defines WR, the main thread appears to be someone's intention to work and their knowledge of what that means. Allied to this are the psychological resources, such as self-efficacy, resilience and adaptivity, to enable someone to work successfully, rather than simply the skills to work. This review found that a WR individual should: be able to acknowledge/recognise the need to change their employment status; have realistic or managed expectations and goals; have the intention and willingness to work; be committed to making the change and the effort that may be required; and be developing their work-related self-awareness and self-efficacy, the personal belief that they are capable of working and deserve a job. Dissonance between the intention and action of RTW can lead to a delay in gaining employment, relapsing into earlier stages of readiness and/or loss of employment (Andersen et al., 2012).

Other non-empirical definitions (therefore not included in this review) have been proposed. Caballero and Walker (2010) suggest that WR is the *extent* to which someone possess the *skills* and *attributes* that make them *prepared or ready* for success in today's rapidly changing work environment. Franche and Krause (2002a) purport it is the complex decision making behaviour related to returning to work, while Ward, Riddle, and Lloyd (2004) state it is the ability to gain and maintain employment, including dealing with transitions, in a primarily self-sufficient manner.

Although it should be considered with caution, evidence from WR intervention drop-out rates and employment rates seem to support the notion of different phases of WR (Jaensch et al., 2016; Lam et al., 2010; Roberts & Pratt, 2010). There also seems to be agreement among researchers that the phases of readiness to RTW can come in any order, where individuals may regress before they progress, and may be influenced by personal circumstances. This fits with Andersen et al. (2012, p. 100) who conducted a qualitative review of RTW, and state that *“the RTW process should be seen as a continuous and coherent one where experiences of the past and present and anticipation of the future are dynamically interrelated and affect the success or failure of RTW.”* However, the time someone may take to pass through such phases of readiness is unclear. Franche and Krause (2002a) suggest that, depending upon the extent of an injury, pre-contemplation to action may be up to six-months, while data from Li-Tsang et al. (2008) and Li et al. (2006) tentatively suggest that one can move through the various stages after a few weeks (although assessment was based on C-LASER, unpublished scale). Although Lam et al. (2010) did not go so far as to discuss the maintenance of employment in the readiness to RTW model, using the same unpublished scale, they conducted a six month follow-up to assess the extent of change, using external validation of securing employment and maintaining it for 90 days or more.

#### **4.5.2 What might be important for a WR intervention to address?**

The results of this review strongly suggest that readiness to engage in work incorporates the psychological capability to work. Thus, it may be beneficial for employment and welfare support services to consider the extent to which someone may be psychologically work ready and plan how best to help individuals become ready to RTW, before encouraging them into the job application process. In doing so, this may increase chances of obtaining the right job for that individual and may be indicative of being able to maintain that job over the long-term (possible promotion/career advancement and ultimately career self-efficacy), thus improving the chances of overall occupational success, and reducing societal burden (Butterworth et al., 2013). Similarly, the motivation cycle for readiness to change addictive behaviours (the foundations for this WR model by Prochaska & Diclemente, 1983), notes that an alcoholic should be ready to forgo alcohol before being assigned to a detox programme, to increase the chances of a positive outcome.

The value of WR highlighted in this review, suggest the potential value of its acknowledgment in clinical and career counselling support services. Employment interventions and strategies in the UK, such as Individual Placement Support (IPS; Rinaldi

et al., 2010), primarily focus on structured guided/supported search skills and rather than building self-efficacy and ensuring psychosocial job quality, do not always monitor for employment maintenance. However, to assess the extent of readiness in individuals and truly target this concept for better outcomes, an evidence-based measurement tool to assess WR at regular intervals during support/intervention would be required. This would allow the person and the service provider to establish an optimum time to start engaging in employment-related activities (job hunting, interviews, and acceptance of a role) and not prematurely. As Adler et al. (2011) found, possible premature return to work in ExSP with mental health problems influences work performance. Similarly, as NICE (2015) stated, work-related stress can negatively affect the job market through absenteeism/presenteeism, productivity and consequently costing the economy. Measuring the extent of WR might enable a tailored approach to RTW and identify issues requiring further support or knowledge before taking up a new job. Such an approach may include working towards clinical stability with mental health problems, adjusting expectations of the labour market and sector specific culture, establishing realistic occupational goals, identifying training needs, and emotional/psychological development on their sense of self (accepting change and adjusting their identity; e.g. stay-at-home mother to working mother, or military-civilian identity). As noted above, premature advancement to employment and related activities can negatively affect self-esteem and confidence (Fossey & Harvey, 2010) as well as having economic impact on society.

Despite the lack of consensus in the definition of WR, there are several measures already in existence that claim to assess WR or facets of it (Caballero, Walker, & Fuller-Tyszkiewicz, 2011; Franche et al., 2007; Savickas & Hartung, 1996; Savickas & Porfeli, 2011, 2012; Ward & Riddle, 2014). Comparison of these scales is beyond the scope of this review but is worth exploring in the future. Three of these scales were later used in the pilot study, contributing to the design of the study evaluation.

This review has highlighted the main features that a WR measure could have and what might be required within WR support services. The readiness to RTW stages of change models (Franche & Krause, 2002a; Lam et al., 2010; Li-Tsang et al., 2008; Li et al., 2006) and the Roberts and Pratt (2010) readiness approach, which propose that readiness is made up of phases, suggest that interventions should be tailored to the individual and their current stage, assessing their thought processes within each stage. This might be the first and possibly most important aspect of assessing WR, because if and how individuals move forward, could very much be dependent upon where they started. Stergiou-Kita et al. (2009, p. 282) also explain that WR is very individual, dependent upon what the work is,

who the client is and what the environment is, and so suggest asking “*what is this client’s occupational potential within a specific work context, given the available supports?*”.

The following aspects appear relevant when considering WR of an individual and should be considered in support provision. It is important to remember though, that some of the evidence for associations with WR may be circular; a cause or consequence of unemployment, prolonging unemployment but equally may be eased by re-employment, further highlighting the importance of an individualised approach within such a structure.

Preparation:

- If physical or mental health difficulties are present, health stability may be an important first milestone in WR (Stergiou-Kita et al., 2009). Clinical stability (physical and mental health) may enable individuals to fully focus on employment goals while also having a clear understanding of their long-term needs in an employment environment.
- Inherent work-related self-efficacy and placements/training/work experience seem to create positive work-related outcomes. Understanding goals, expectations, employment and training history, etc., may guide a path to increased work-related self-efficacy. It is possible that setting some time set aside for work placements/experience to build confidence is a helpful stepping stone on the path to a successful job application (Bambra, Whitehead, & Hamilton, 2005). Doing so may provide the individual with an insight into current work environments or in their new career field, understanding how their needs may be, or may need to be met.
- Understanding and managing personal expectations and goals for future employment may be key and might be best managed by work experience and individualised discussions as stated above. This includes an understanding of career culture and how they see their future work-related life. This has been theoretically discussed in relation to WR but has not been empirically explored in the review articles (Li-Tsang et al., 2008; Makki et al., 2015) and may benefit from further research.
- Unemployment length may strongly influence someone’s propensity to RTW. The longer someone is unemployed, the more challenging it may be to progress through the WR stages, and so psychological and emotional support and development about change may be required. However, this is only one factor, and may often appear in parallel with mental health problems and low self-esteem/efficacy.

- Acknowledging individual personality factors may also help guide the readiness approach and individualise interventions, based on their unique perspective on occupational situations.
- Once these other aspects of readiness have been addressed or acknowledged during employment support services, a focus on practical skills may begin.

#### Maintenance:

- Adaptivity (control, confidence, concern and curiosity) infers a willingness and resilience to respond to changeable occupational situations. Although it may not be directly related to readiness to gain employment, it may indeed be important for sustaining employment (Savickas, 2013a). Building upon these internal career resources early on, may increase long-term career maintenance.
- Organisational and social support during the early stages of RTW or knowledge of support available, seems to be a factor that individuals consider important. Riddell et al. (2002) state the value of social support, before, during and after interventions, placements and starting employment, with that support tailored to the individual's need, with the employer aware of such needs. However, it is important to bear in mind that when unemployed, the expectation and anticipation of support may be less positive or accurate than the reality when someone does RTW, thus managing such thought processes during the readiness process may be key.

Qualitative evidence from Walker et al. (2013) also suggests four vital factors for WR, reflecting some of the aspects above; social intelligence, organisational acumen, work competence and personal characteristics. Further qualitative evidence from Andersen et al. (2012) based on WR experiences, proposes that WR interventions should be based on the biopsychosocial model, with focus on possible obstacles in each area: bio (fatigue, forgetfulness, concentration); psycho (self-efficacy, perfectionism); social (support, system collaboration). They highlight that there are also external factors at play and important in helping individuals become work ready, and should not be overlooked (Andersen et al., 2012; Bambra et al., 2005); differences in the interests of the systems involved, such as welfare/employment benefits, healthcare services, as well as social support from employers can both help and hinder the process, and should be recognised by support providers.

### 4.5.3 Future research questions

It is important to know whether WR can in fact be measured and quantified in a meaningful and applicable way. With the absence of an accepted definition in the field or a gold standard measure, scales may be measuring different aspects of WR, if they are indeed measuring WR at all.

As it is considered that WR is related to occupational outcomes, whereby increased readiness promotes gainful employment, a greater understanding of WR could prevent cycles of occupational instability in an applied setting. Prospective empirical research may therefore be required to understand whether WR is indeed an important factor in long-term occupational success.

## 4.6 Summary

This review has shown that the available published literature on work readiness is lacking in clarity and consistency. However, what is clear is that the meaning of work readiness is that someone has the intention to work and the knowledge of what that means, with the psychological resources to work successfully. Thus, someone may be physically capable but not psychologically ready to work. Determining that someone is psychologically WR is an essential component of a successful RTW. Factors that appear important in knowing whether someone is work ready and factors to address in helping them become work ready include: clinical stability, goals and expectation, work-related self-efficacy, personality and adaptivity.

Understanding where a person may be in their readiness to RTW may increase their success of achieving employment and maintaining that employment over the long-term, which may reduce the human, social, and economic burden, an impact of employment instability.

## CHAPTER 5:      **Methods**

This chapter outlines the mixed methodology of this study, the qualitative and quantitative procedures used in the service evaluation of the programmes run by WWTW. Initially the mixed methods research design rationale will be described. Following this, an overview of how service evaluations are conducted, with a detailed discussion of the evaluation procedure used in the study for both the quantitative and qualitative phases. This will include data collection methods (surveys and interviews) and data analysis techniques and procedures, as well as the approach to ethical issues that may be relevant to this work.

### **5.1 Design Rationale**

Mixed methodology is a powerful and sophisticated research design, defined as a philosophically underpinned framework of enquiry that amalgamates both qualitative and quantitative methods to increase knowledge and understanding in a way that could not be realised by either method individually (Creswell, 2003; Curry & Nunez-Smith, 2015). It is increasingly used in health research due to its methodological intricacy, to better understand the complexity of health problems and outcomes. This model was considered the most appropriate for this study because multiple questions needed to be addressed. This model allows the strengths and weaknesses of individual methods to complement one another, as well as enabling an in-depth investigation of phenomena, through contradiction and/or corroboration/triangulation of findings.

In an impact evaluation, non-experimental approaches such as the pre-post design of this evaluation are best suited when they can be harnessed with participatory approaches such as interviews, to enrich the scope and value of the evaluation. Qualitative methods within an evaluation help to strengthen observed associations by providing an understanding of the process of change that a participant has gone through and acceptability of the programmes, which is important in explaining how impact happens (Stern et al., 2012). Additionally, the peri- (during) and post-military needs, views and experiences of ExSP of transition and identity, were also explored; this methodology allows for exploration of the potential bi-directional patterns between mental health and wellbeing, employment, identity and social integration, and how these factors may affect/are affected by transition.

The suggested systematic framework for deciding upon a strategy for a mixed methods study design by Creswell (2003, p. 211), proposes a four-point decision process:

1. Data collection sequence; is there a required/suitable order for information to be gathered?



2. Does one method or research question take priority over another?
3. When will the different methods come together for integration?
4. Is a theoretical approach being applied to the study?

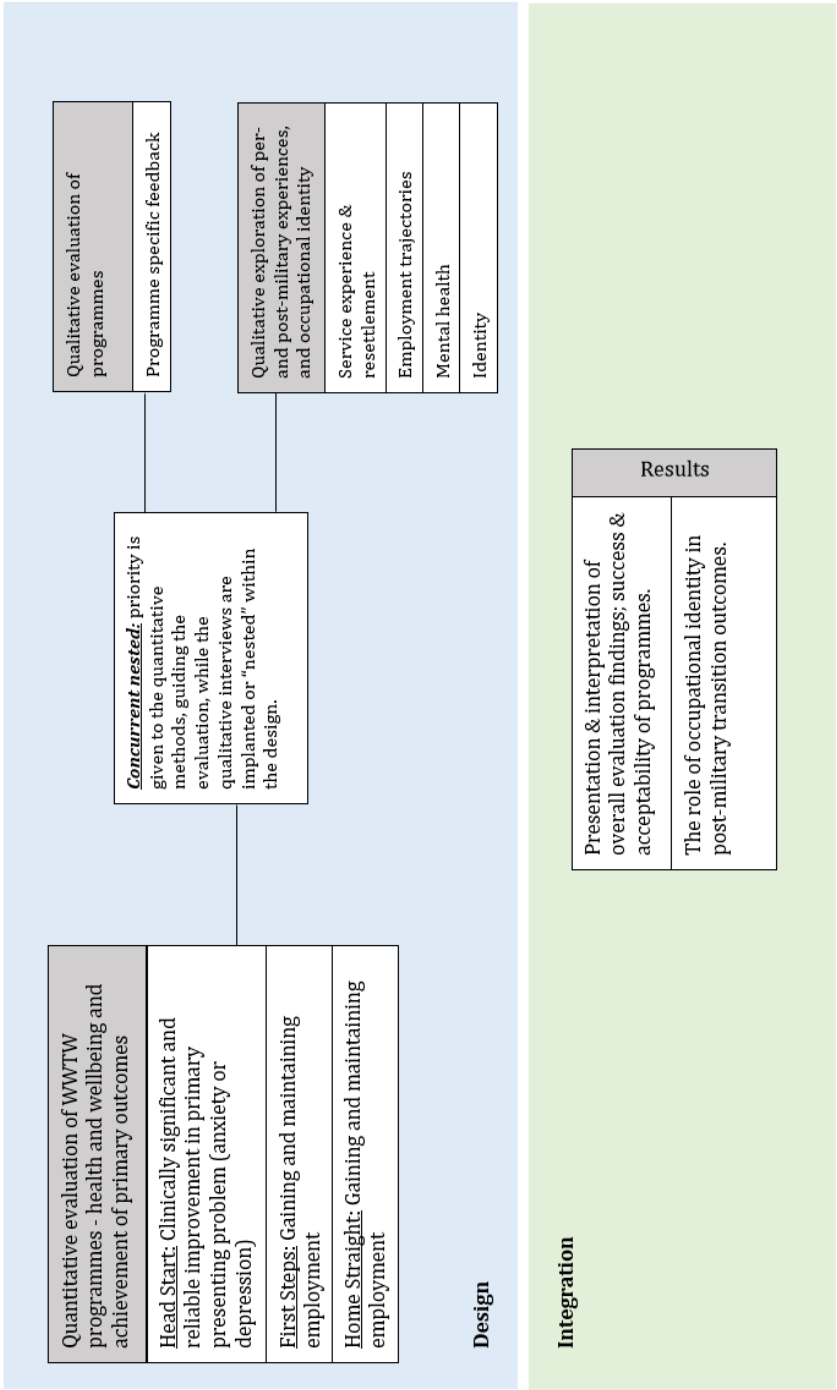
### 5.1.1 Study design

Based on the questions set out by Creswell (2003), a concurrent-nested mixed methods design fitted the current study. See Figure 9 for an illustration of this study's research design.

The concurrent-nested model consists of one data collection phase of both quantitative and qualitative data, followed by concurrent analysis. One method takes priority, addressing the primary research question and guiding the study, while the second method is likely to address a separate but linked research question and is embedded within the first method. In this study, the quantitative evaluation to establish effectiveness of WWTW programmes was the primary research focus and method, with the outcomes of the programmes generating a recruitment strategy for qualitative approach which examined the process of the programmes. The nested method contributes to the overall understanding of the WWTW programmes and their success.

The secondary focus of the study was to explore peri- and post-military experiences and the relationships to post-military identity and occupational outcomes. Where appropriate (and for participants who gave consent for their qualitative and quantitative data to be linked), qualitative views could be connected to programme outcomes and to provide some understanding as to the economic and health outcomes of veterans, potentially providing context to the quantitative data. This formed a separate section of the embedded design within the mixed methods study.

Figure 9: Diagram of study mixed methodology



5.1.2 Integration and interpretation

A fundamental aspect to mixed methods research that requires significant thought is the integration of data and interpretation of findings (Curry & Nunez-Smith, 2015). Deliberate and considered amalgamation is necessary to ensure that the overall project is worth more than the individual components, providing a comprehensive understanding of the research under scrutiny.

A feature of concurrent-nested designs is the presence of primary and secondary research questions within one research aim. Consequently, integration at the interpretation and reporting level through narrative using the '*contiguous approach*' was chosen as it was considered to better reflect the contributory yet separate nature of the research questions involved (Fetters, Curry, & Creswell, 2013). The contiguous approach focuses on the presentation of findings in a single report but discussed in individual sections followed by joint discussion, an approach often used in implementation and evaluation based studies (Carr, 2000; Hamilton et al., 2013).

## 5.2 Evaluation Methodology

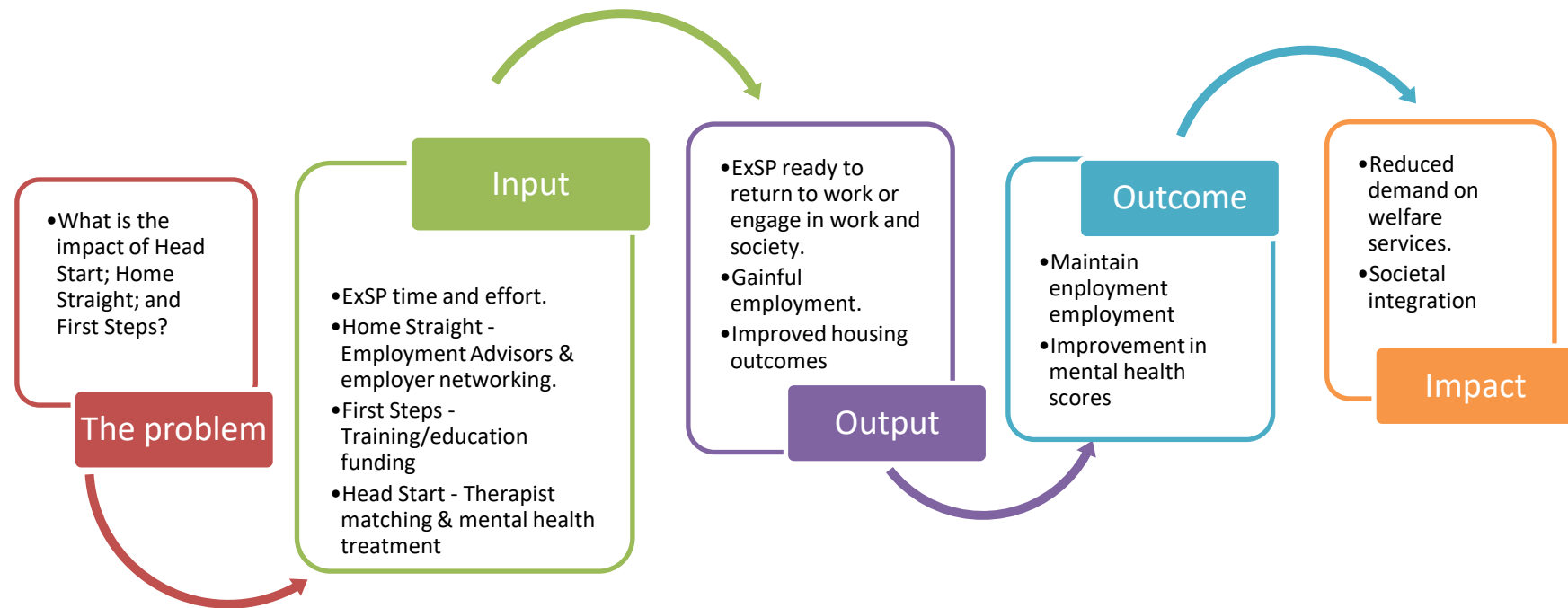
One of the aims of the study was to evaluate the WWTW programmes to help the organisation improve their services and policies where necessary, facilitating organisational change where appropriate. Often large but also individual-level outcomes are determined by small organisational decisions, and to fully understand these outcomes and associations (micro level) it has been argued that consideration should be of the system as a whole (macro level) (Dekker, 2007; Reynolds & Holwell, 2010). To instil sustainable organisation change, a needs analysis at both the system and individual level should enable the bridging of the gap between the now and the future (Lewin, 1946, as cited by Bamford & Forrester, 2003; Rodriguez, 1988; Todnem, 2005). Consequently, this study proposed to examine the effectiveness of the WWTW programmes as well as exploring the experiences of beneficiaries to gain systems level understanding to contextualise individual level outcomes. This study will provide insight into the current state of the WWTW programmes, while organisational strategic objectives and study recommendations will inform the ideal/future state.

To achieve the main aim of the study, a number of evaluation methodologies were considered. Process evaluations determine whether the intervention or policy has been actioned as intended, while an impact evaluation objectively assesses how that that intervention or policy has been actioned, the effect it has had on whom, how and why (HM Treasury, 2011). An impact evaluation approach was chosen due to the depth of knowledge it affords (understanding the value of the interventions), to make future decisions about provision and potential organisational and policy changes. Impact evaluations are systematic and structured approaches to evidence collection, providing an evidence base for making decisions and judgements (HM Treasury, 2011). They aim to show consequential change(s) resulting from services provided, and where responsibility for costs and development of results are central (Stern et al., 2012). To attribute any

consequential changes to WWTW programmes, measurement of a control group would be required (HM Treasury, 2011). For ethical (e.g. not delaying treatment for those in need and who have already been referred and approved) and financial reasons in this project, a true comparison group was not possible, therefore a non-experimental, pre/post design was chosen, with the intention to follow up those who dropped out of services for contrast. Therefore, to increase the rigour of the data collected, the qualitative interviews were nested within the quantitative data evaluation, which provided an evaluation of the processes as well.

To focus, guide and enhance the robustness of the evaluation, logic chains can be used as a framework (Hills, 2010; HM Treasury, 2011). They describe the relationship between the intervention/policy/service provision and inputs, outcomes and impact, and can be used to inform evaluation questions and data collection. Below in Figure 10 is an illustration of a logic chain for this project.

Figure 10: A logic chain to illustrate the project objectives and intended outcomes.



## 5.3 Service Evaluation Phase

### 5.3.1 Sampling and recruitment

As this evaluation was of existing service provision, the size and demographic of the sample was dependent upon the referrals made to WWTW. However, power calculations (GPower3; Faul, Erdfelder, Lang, & Buchner, 2007) for Head Start programme estimated the minimum number of participants needed to detect a true difference (to avoid a type two error; finding a difference when in fact one does not exist), if there was one, using the Patient Health Questionnaire-9 item (PHQ-9; depression is one of the primary presenting problems for Head Start). Using the overall mean difference of change from the Military Veteran Improving Access to Psychological Therapies (National IAPT Programme Team) in the Pennine NHS Care Trust (Clarkson et al., 2013), which is similar to the clinically significant and reliable difference of 6-points used in the NHS IAPT service for the general population, a sample size calculation was made. With alpha set to 0.05, and the overall size of the effect set to 0.6 (as found in Clarkson et al., 2013), a sample size of 51 participants was estimated as being necessary to ensure that the study was powered to have an 80% chance of finding a true difference between the groups. This also took into consideration an estimated dropout of 17% in this population (Clarkson et al., 2013). Thus, the study should be statistically powered to see a difference over time, with at least 51 participants at the follow-up stage of the evaluation process.

Power calculations could not be made for Home Straight or First Steps, as their primary outcomes were gaining and maintaining employment, for which there was no measurement tool in previous empirical data to use. Using employment as a binary outcome was considered, but this would be problematic as the proportion of those finding employment for a positive outcome would need to be determined, for which there is no empirical data to use. Consequently, it seemed a sensible solution to aim to recruit at least the same sample size at follow-up for each of these programmes, creating an overall minimum total of 153 participants across the three programmes.

ExSP can be a hard to engage population (Fear, Van Staden, Iversen, Hall, & Wessely, 2010). The sample characteristics of the ex-service population of WWTW included, but are not limited to, mental health problems, unemployment and homelessness, further adding to the difficulties of engagement. Incentives were therefore suggested to WWTW as a potential way of increasing response rates in this hard to reach group. Meta-analytic and systematic reviews have found that although small, incentives do appear to increase response rates in surveys, and thus increase the final sample size and precision of

estimates; an absolute increase of 2.8% for opening the survey and 4.9% for completing the survey (Göritz, 2006; Singer & Ye, 2012). However, Aadahl and Jørgensen (2003) on the other hand found that while the speed with which participants responded increased, the overall response rates did not. The use of lottery incentives specifically was considered, however the evidence for this is even more mixed, with outcomes ranging from no significant increase to 0.3%-5% increase (Aadahl & Jørgensen, 2003; Harris, Khoo, Young, Solomon, & Rae, 2008; Singer & Ye, 2012; van der Mark et al., 2012). Incentives have also been found to influence the composition of the respondents, reducing self-selection bias and consequently nonresponse bias (Singer, 2002), and can also increase rates in hard to engage groups (Keating, Zaslavsky, Goldstein, West, & Ayanian, 2008). Although evidence for incentives is inconclusive, the decision was made to provide incentives in this study, as any further assistance, however small, would be beneficial. Participants were thus informed of a financial incentive to participate; they would receive a £25 shopping voucher from WWTW after completion of the baseline survey and would receive a further £25 voucher after completion of the final/follow-up survey.

### 5.3.2 Procedure

Evaluations are designed to determine the accuracy and effectiveness of existing interventions/policies/services, to form conclusions, make future recommendations or changes. Data should therefore be routinely collected with no alterations or amendments made to any aspect of the feature under evaluation. Consequently, ethical approval was not required for the evaluation of WWTW's services, as it involved quantitative analysis of anonymised data collected by WWTW, through the monitoring of their existing interventions and with no change to the standard practice, which is in line with King's College London's ethical policy<sup>6</sup>. Ethical approval was obtained from King's College London for secondary data analysis of the data collected by WWTW (LRS-16/17-38900) and for qualitative interviews (HR15/162558); see section 4.1 in APPENDIX 4.

Participants who were referred to and engaged in any of the three WWTW programmes as discussed above, were notified by WWTW of an evaluation of their services, being carried out by the charity with the assistance of King's College London. WWTW communicated the reasons behind the charity wanting to conduct the evaluation; that everyone was entered into the evaluation, but they were free to withdraw their

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<sup>6</sup> King's College London Ethical Committee guidelines - <http://www.kcl.ac.uk/innovation/research/support/ethics/training/evaluation.aspx>.

involvement (opt out system); that participation (or not) would in no way affect the support they received from the charity; and that all data would be pseudo-anonymised and would remain confidential. The evaluation began on 18<sup>th</sup> July 2016 and final follow-up data was collected on 28<sup>th</sup> February 2018.

Upon approval for entry into WWTW programmes, WWTW sent an email to each beneficiary to invite them to complete an online survey through Smart Survey<sup>7</sup> (postal surveys were sent out as standard alongside the initial baseline email) at regular intervals throughout their engagement with the charity. The email included a link to the survey and a unique identification number (UIN) to be typed at the start of the survey. The service evaluation involved data collection at the following time points; baseline, mid-way, end-point, and a three to six-month follow-up. The mid-way data collection points differed upon which programme the participants were enrolled on; participants enrolled on Home Straight were invited to complete mid-way surveys every six months, and those in First Steps were invited to complete a mid-way survey at the mid-way point of their course (if longer than one month). Mid-way data collection for Head Start was collected by the therapists and provided to WWTW at the end of treatment, as therapists often collected such data as well. See individual results chapters for programme specific procedural information and data collection methodology.

For the evaluation survey, beneficiaries were emailed up to four times and telephoned or texted twice before being deemed a non-responder. Phone contact was only recorded as 'contact' if the beneficiary answered or a voicemail message was left.

### 5.3.3 Outcome measures

WWTW routinely asked therapists to use the PHQ-9, the Generalised Anxiety Disorder-7 item (GAD-7), and the Work and Social Adjustment Scale (WSAS). WWTW however did request guidance on additional measures to use in their survey to better answer the explanatory analyses questions within impact evaluations, of "why" and "how". Advice about wellbeing quality of life and work readiness was provided to WWTW as these appeared to be areas of interest but unaccounted for. The final version of the survey included the following measurement tools:

#### Patient Health Questionnaire-9 item (PHQ-9)

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<sup>7</sup> Smart Survey - [www.smartsurvey.co.uk](http://www.smartsurvey.co.uk)



The PHQ-9 (Spitzer, Kroenke, & Williams, 1999) consists of nine questions designed to assess depression in the two-weeks prior, such as *'I have felt down, depressed or hopeless'*; see section 4.3 in APPENDIX 4. Participants responded to these questions by selecting a number to indicate whether they had experienced these feelings from 'not at all' (rated 0) to 'nearly every day' (rated 3). The summated measure gives a total score of depression severity out of 27, with scores of 5, 10, 15 and 20 representing thresholds for mild, moderate, moderately severe and severe depression respectively. Caseness for depression is indicated by a score of 10 or more, also in line with current IAPT standards (National IAPT Programme Team, 2011). A change in scores of six points or more is considered clinically significant and a reliable change (Grant et al., 2014; Jacobson & Truax, 1991), accounting for measurement error (Gyani, Shafran, Layard, & Clark, 2013a). Within the NHS IAPT system, patients are considered to have reliably recovered, if their scores have reduced by six points or more *and* they changed from being a case pre-treatment to a non-case post-treatment (Gyani et al., 2013a). The PHQ-9 has been shown to have high internal consistency of 0.83 (Cameron, Crawford, Lawton, & Reid, 2008).

#### Generalised Anxiety Disorder-7 item (GAD-7)

The GAD-7 (Spitzer, Kroenke, & Williams, 2006) consists of seven questions relating to anxiety in the two-weeks prior, such as *'I have felt nervous, anxious or on edge'* and was completed in the same way as the PHQ-9; see section 4.4 in APPENDIX 4. The summated measure gives a total score of anxiety severity out of 21, with scores of 5, 10 and 15 representing thresholds for mild, moderate and severe anxiety respectively. Caseness for anxiety is indicated by a score of eight or more, also in line with current IAPT standards (National IAPT Programme Team, 2011). A change in scores of four points or more, is considered clinically significant and a reliable change (Grant et al., 2014; Jacobson & Truax, 1991), also accounting for measurement error (Gyani et al., 2013a). Within the NHS IAPT system, patients are considered to have reliably recovered, if their scores have reduced by six points or more *and* they changed from being a case pre-treatment to a non-case post-treatment (Gyani et al., 2013a). . The GAD-7 has been shown to have high internal consistency of 0.88 (Beard & Björgvinsson, 2014).

#### Work and Social Adjustment Scale (WSAS)

The WSAS (Mundt, Marks, Shear, & Griest, 2002) is a five-question measure of impairment in current day-to-day functioning, see section 4.5 in APPENDIX 4. For example, *'Because of my [problem] my ability to work is impaired'*. Beneficiaries respond to the questions about different aspects of impairment by selecting a number between 0 ('not at all') and 8 ('severely impaired'), with a total possible score of 40. Higher scores indicate a higher level

of impairment; scores above 20 indicate moderately severe or worse psychopathology; scores between 10 and 20 are associated with significant functional impairment but less severe clinical symptomatology; and scores below 10 are associated with sub-clinical populations. The WSAS has been shown to have good internal consistency ranging from 0.7-0.94 (Mundt et al., 2002). Zahra et al. (2014a) suggest that a change of eight-points or more should be considered clinically significant.

#### Investigating Choice Experiments CAPability measure for Adults (ICECAP-A)

The secondary aim of the evaluation considered personal improvement/recovery, whether the participant felt their life had changed for the better. Upon discussion with colleagues and supervisors, the ICECAP-A (see 4.6 in Appendix 4; Al-Janabi, Flynn, & Coast, 2012) was advised for inclusion, as a method of assessing improved wellbeing and quality of life. When evaluating new or innovative healthcare treatments and in economic evaluations of existing healthcare, quality of life is measured. Quality of life is a measurement of health alone, generating a quality-adjusted life-year (known as QALY), estimating the amount of disease burden and is measured against an intervention for change (Weinstein, Torrance, & McGuire, 2009). This has in recent years been considered insufficient (Oliver, Healey, & Donaldson, 2002; Pettitt et al., 2016), particularly when health and social care or societal engagement intertwine and thus have public health concerns.

To broaden the estimation of someone's quality of life, Sen's capability approach (Sen, 1992, 1993) was considered as a framework for measuring wellbeing and has been suggested as a practical way of guiding public policy (Alkire, 2015). Capabilities refer to what an individual *can do and be*, rather than functioning, what they *actually do and are*, thus not imposing a judgement on what constitutes a 'good' or 'quality' life (Al-Janabi et al., 2012). The ICECAP-A was therefore developed to assess someone's capability to function within certain attributes. The ICECAP-A measures five areas; stability (the ability to feel settled and secure); attachment (the ability to have love, friendship and support); autonomy (the ability to be independent); achievement (the ability to achieve and progress); and enjoyment (the ability to have enjoyment and pleasure). There are four levels for each attribute, each with its own tariff value (Flynn et al., 2015). These values are then combined to achieve a score of -0.1-1, with 1 being full capability in all attributes. The measure was recently validated and found to be sensitive to change in general population adults with depression (Mitchell et al., 2017).

#### Readiness to Return To Work Scale (RRTW)

One of the primary aims for WWTW was gaining and maintaining employment (the primary outcome for Home Straight and First Steps), as a significant proportion of beneficiaries are without occupation when they approach the charity for support or wishing to improve their occupational options. However, as discussed in Work Readiness Systematic Review, the question was posed as to whether being ready to work plays a role in achieving this outcome. Chapter 3 identified limited research on WR (including ExSP), and therefore was a lack of clarity about which scale to use to measure this construct for the service evaluation. Consequently, a face validity investigation was carried out as part of the preliminary work to establish the most appropriate WR measure to use with ExSP, which sought to identify the utility and acceptability of several different measures for the evaluation (see APPENDIX 3).

The chosen measure from the face validity investigation in was the RRTW scale (see APPENDIX 3; Franche et al., 2007). This measure is made up of two sections, for those yet to return to work and those already employed. Only the first section was used in this study, as the second section is primarily focused on maintaining work with a physical injury, and most of the participants in the pilot study felt it too narrow/specific and that they would not complete it even if they were employed. The first section consists of 13 statements about thoughts, opinions and actions towards returning to work. The statements are divided across four subsections (Pre-contemplation, Contemplation, Prepared for Action—Self-evaluative, Prepared for Action—Behavioural) and scored on a scale of 1-5 (strongly disagree to strongly agree). Judgements of readiness are based on the multidimensional approach to scoring (see 3.3.3), where scores are calculated for each sub-section, considering readiness as multifaceted, whereby an individual may be stronger in some areas over others in their process to returning to work. Higher scores in each domain indicate higher levels of the dimension being measured; scores range from 5-15 on three of the domains and 5-20 on the fourth domain. The first two domains should decrease more noticeably over time during any readiness intervention, while the second two domains should increase, with all scores stabilising or starting to plateau as readiness is reached, as proactive behaviours are no longer required for job maintenance.

The RRTW scale has been shown to have moderate internal consistency across the different subsections, of 0.65-0.75 in a Canadian musculoskeletal population (Franche et al., 2007) and in a Norwegian mental health population (Braathen, Brage, Tellnes, & Eftedal, 2013). However, it has not yet been used in an ex-service population beyond the pilot study in this project.

## 5.4 Quantitative Analysis

### 5.4.1 Data sources

As evaluations are based on routinely collected data, pseudo-anonymised demographic data was gathered through WWTW beneficiary referral forms, with a UIN assigned to each participant for potential data-connection later in the study. Mental health and wellbeing data was collected by the Head Start therapist as well as through evaluation surveys that were sent out. Table 2 details the different data types and the sources they came from.

Table 2: Sources of data within the evaluation

WWTW Referral form		Evaluation survey & Head Start therapist data
Gender	Service branch	PHQ-9
Date of birth	Role/Trade	GAD-7
Marital status	Discharge reason	ICECAP-A
Employment status	Regular/reserve	WSAS
Date of enlistment	Deployments	RRTW*
Date of discharge	Injury type	
Rank on discharge	Service attributable injury	

*\*RRTW scale was not collected by Head Start therapists; evaluation survey only*

Educational status and background is not routinely collected by WWTW, thus there was no data on this to analyse. Deployment tally and location is not routinely collected by Head Start and is inconsistently collected by Home Straight. First Steps do not routinely collect data on military rank upon discharge.

Home Straight do not routinely collect employment status information upon referral, as the assumption is made by the programme that they are unemployed because they are homeless requiring residential accommodation and support. However, every quarter, updates are transferred (although inconsistently) to WWTW from the residential Employment Advisors. First Steps also do not routinely collect employment status information at baseline but do attempt to gather such data from routine follow-ups with individuals post-funding. Head Start routinely collect this information upon referral but do not collect such data upon end of treatment. Consequently, employment data primarily had to be gathered from related questions on the evaluation survey (RRTW). Employment history is not routinely collected by WWTW, thus there was no data on this to analyse.

Injury type was not routinely collected for Head Start clients as it is not a condition of the programme acceptance. All clients are categorised as having a mental injury based on the

nature of the Head Start programme. However, this is not to say these participants are absent of any other physical or social injuries. Therefore, this means that there is no information on service attributable injuries for Head Start participants.

#### **5.4.2 Data transfer and merge**

WWTW transferred their evaluation data via secure encrypted email. This included separate Excel spreadsheets on demographic profiles, therapist mental health scores and evaluation survey data downloaded from the Smart Survey website, with each data collection time point on a separate tab of the spreadsheet. Consequently, the different sources of data needed to be merged into one large dataset. In case of error, data were merged in STATA one at a time creating a new dataset each time, to ensure an audit trail for the data merge:

1. Demographic data + UIN
2. 1 + Head Start therapist data
3. 2 + baseline survey data
4. 3 + midway 1 data
5. 4 + midway 2 data
6. 5 + midway 3 data
7. 6 + endpoint data
8. 7 + follow-up data

#### **5.4.3 Data cleaning in STATA**

Prior to analysis, the dataset required cleaning, to ensure any subsequent tests conducted would be accurate and include all relevant data. As most of the data were input manually by participants on Smart Survey, some fields varied in style which would result in different treatment by STATA:

- Incorrect spacing was removed from text data to ensure all data matched.
- As UINs were manually typed in to the online surveys, they included between upper and lower case. All UINs were converted to uppercase.
- Duplicates were identified:
  - a. Participants who were in two or more programmes ( $n = 3$ ) were retained in the first programme which had the survey data and excluded from the second programme.

- b. For unknown reasons, some participants completed their surveys twice (n=2). The second survey was excluded based on the notion that the initial survey would be more accurate to their wellbeing at the time.
- Certain participants were excluded from the analysis to avoid influencing the effects of the data:
  - a. Participants who were unable to continue with their programme or evaluation, for reasons out of their control (not drop-out); deceased participants (n=3) and participants who went to prison (n=1).
  - b. Participants who requested to not be used in any way, including demographic data (n=3)

#### 5.4.4 Missing data

Missing items in outcome measures: For participants with partial data (up to two items missing on an individual measure), their lowest possible value for the measure was imputed to create a conservative estimate for their overall caseness.

Missing follow-up data: In this evaluation, only Head Start was considered for imputation, due to the health-related primary outcomes as measurement of the effectiveness of the programme. The number of missing participants from the evaluation were small; four participants dropped out (completing baseline and endpoint surveys but not a follow-up survey). Although one participant dropped out of their programme (not attending all their funded therapy sessions), they did later complete a follow-up survey.

For a true treatment evaluation, intention to treat analyses (ITT) would be considered when there is missing data after baseline or if someone changed arm in a trial (Gupta, 2011). This evaluation however, was limited in terms of what questions could be asked based on its pre/post-design. Thus, ITT would not have been suitable as it may be for traditional comparable trials with an experimental arm to a control arm. Multiple imputation of missing data was not deemed appropriate, as it was not possible to rigorously assess the mechanism of missingness in order to potentially predict their follow-up scores (Pedersen et al., 2017) due to the small number of those who did not complete their treatment or evaluation survey. The only method for imputation would have been to carry forward means from last data collection point. This however, would have also been problematic, as it assumes that all participants improve over time, and such imputation would exaggerate the effect, not acknowledging potential decline. Consequently, it was deemed appropriate to exclude these four participants from

analyses, as all analyses and primary outcome assessment were based on follow-up data, and it was assessed that this small number would not significantly alter the findings.

#### 5.4.5 Variable Management

Only males were included in demographic analyses, to avoid making females potentially identifiable due to the small number of females who engaged in WWTW programmes (n=11).

When stratified by WWTW programme, some of the demographic variables had small numbers in each category. Therefore, to preserve anonymity in the programme specific analyses, some of categorical groups in the variables were merged, also increasing the power of finding a difference if indeed one existed:

- For the programmes with a very small sample and/or age clusters, age was combined into “Younger than 40 years old” and “40 years and older”.
- Relationship status was combined into “In a relationship” (married, cohabiting) and “Not in a relationship” (single, divorced/separated, widow).
- Employment status was combined into “Employed/working” and “Not employed” (retired, unemployed, in education/training).
- Service branch was combined into “Army” (Army, Parachute Regiment, etc), “Naval services” (Navy and Royal Marines), and “RAF” (Royal Air Force).
- The different military ranks were combined into “Commissioned Officer” (e.g. Lieutenant, Captain, Major, etc.), “Non-Commissioned Officer” (e.g. Warrant Officer, Corporal, Sergeant, etc.) and “Enlisted” (e.g. Private, Marine, Able Rate).
- Discharge reason was combined in to “Voluntary discharge” (premature voluntary release, signed off, end of contract), “Involuntary discharge – Medical” (medical discharges), “Involuntary discharge – Other” (administrative, service no longer required, dishonourable, did not pass physical test, etc), and “Other” (private reasons). When analysed within each programme, this variable was further grouped into “Voluntary” (premature voluntary release, signed off, end of contract, personal/private reasons) and “Involuntary” (medical discharge, administrative, service no longer required, dishonourable, did not pass physical test, etc).
- Years served were combined in to “Early Service Leaver” (<4 years), “Mid-Long Service Leaver” (4-21 years) and Full Term of Service & beyond” (22 years or more).
- Years since discharge were combined in to “<2 years”, “2-10 years” and “>10 years”.

#### 5.4.6 Primary Aim – analytical plan

Descriptive data are presented for the whole study sample in CHAPTER 6:. Programme specific descriptive statistics have also been presented at the start of each programme's results chapter (Head Start in CHAPTER 7:, First Steps in CHAPTER 8:, and Home Straight in CHAPTER 9:), detailing programme completion and achievement of programme specific primary outcome. Each results chapter subsequently presents the relevant hypotheses. Normality test assumptions were examined throughout to identify the appropriate test.

The following analytical plans were implemented. They have been divided into programme sections:

##### 5.4.6.1 Head Start

A summary of data was presented, detailing participants who engaged in the evaluation, those who only provided routinely collected therapist data, and those who provided both. The general scope of routinely collected therapist data in Head Start is limited, which was the reason for conducting the evaluation. Therefore, the overall study evaluation primarily used the evaluation data, with the therapist data supplementing this to help fill in some gaps where possible (where the same measures were available for the same time points).

Therapist data was used to conduct comparison tests to explore potential biases in the data. If significant differences were found, indicative of biases, these would be later controlled for in subsequent analyses.

1. Evaluation vs. Therapist data for baseline measure comparison
  - The baseline evaluation survey was sent out at the time of the first therapy session, with frequent reminders sent. Participants were deemed as non-responders if they had not completed their baseline survey within four weeks. Participants could have had up to four sessions in this time, based on treatment frequency (weekly, fortnightly, monthly). Due to the potential variation in completion time of the baseline evaluation survey, comparisons were made using paired t-tests (or Wilcoxon Signed-Rank tests) between the evaluation baseline data and the therapist baseline data. Therapist data would have been completed at the first session, so is the timeliest but not necessarily the most accurate.
2. Therapist data for evaluation responders vs. non-responders



- Baseline mental health score comparisons were able to be made with independent t-tests (or Mann Whitney-U tests), by using routinely collected therapist data to assess the health and wellbeing of those who engaged in the evaluation and those who did not.
3. Therapist data for programme completers vs. non-completers
    - Programme completion was defined as attending all prescribed and funded therapy sessions. As the evaluation sample size was small, with only one non-completer, comparisons were not able to be made between programme completers and non-completers. Consequently, this comparison was made using independent t-tests (or Mann Whitney-U tests) with therapist data to assess whether there were any baseline health and wellbeing differences that could later be used to predict and manage programme attrition rates.
  4. Evaluation data for evaluation response bias
    - To explore evaluation response bias, comparisons were made between participants who completed only their baseline evaluation survey and those who went on to respond to later surveys, using independent t-tests (or Wilcoxon Signed Rank Tests).

**Objective 3:** To establish effectiveness of the WWTW programmes by achievement of programme specific primary outcomes in each programme<sup>8</sup>.

Hypothesis 1: There will be a clinically significant and reliable improvement in the mental health measures for Head Start, between baseline and follow-up, and change scores will be significantly greater for those who complete their programme compared to than those who do not.

- For Head Start, completion of the programme was defined as attending all funded therapy sessions.

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<sup>8</sup> The primary outcomes for the three programmes are:

- Head Start: A clinically significant and reliable improvement in the primary presenting mental health problem; reduction of 4 points or more for the GAD-7 and 6 points or more for the PHQ-9.
- First Steps and Home Straight: Gaining and maintaining employment at 3-6 months follow-up.

The secondary outcome across all three programmes will be a significant personal improvement determined by the ICECAP-A measure (a measurement of wellbeing assessed by the extent of capability in life).

- To examine the mean change in the primary presenting mental health problems after engagement in Head Start therapy, paired t-tests were used to compare the baseline scores with the follow-ups scores on the primary outcome measures.
- As the sample size was relatively small, effect sizes were also calculated to supplement the results of the paired t-test. A paired t-test is only able to identify that a difference exists between group means; it is unable to provide the size of the difference. Effect sizes were independently calculated using Cohens d.
- Due to the low numbers that dropped out of the Head Start programme, it was not possible to compare clinically significant and reliable improvement at the individual level, between those who completed their programme (attended all funded therapy sessions) and those who did not.
- Consequently, comparative data was presented on the frequency of cases for the PHQ-9, the GAD-7 and WSAS, at baseline and at follow-up. As part of the secondary aim and to make NHS IAPT comparisons with the general population, endpoint data was also included.
- IAPT recovery is considered quite strictly as a clinically significant and reliable improvement at the end of treatment *and* change from being a baseline case to an end of treatment non-case, on both measures (Gyani et al., 2013a). To make NHS comparisons, recovery data has also been presented. To make use of this study's follow-up data, this NHS guideline was extended to gain an understanding of potential long-term recovery rates.

Hypothesis 2: The demographic profile of participants who achieve their primary outcome for their programme will differ from participants who do not achieve the primary outcome.

- For Head Start, the primary outcome was achieving a clinically significant and reliable change of six points or more on the PHQ-9, and four points or more on the GAD-7, at follow-up.
- A new binary variable was generated to answer this hypothesis, categorising participants as having achieved their primary outcome or not.
- Achievement of the primary outcome was analysed by conducting chi-square analyses with demographic characteristics and a range of stressors (for example military rank, length of service, deployment and social support).

**Objective 4** - To establish whether engagement in the WWTW programmes leads to improvements in the secondary outcome of the programmes, increases in personal recovery and wellbeing as measured by increased functionality and capability in life.

Hypothesis 4: Improvement in scores on the ICECAP-A and WSAS will be associated with achieving programme related primary outcomes.

Both the WSAS and ICECAP-A were chosen to be tested in this hypothesis due to the differing aspects of assessing personal recovery; ability and capability. The WSAS has been evidenced to examine functional impairment (ability to function) while the ICECAP-A examines quality of life and wellbeing through the capabilities in life someone has or gains (capability to function and engage whether they choose to or not).

- Before investigating hypothesis four, descriptive data of the ICECAP-A and WSAS scores were presented, illustrating the mean (and median) scores at baseline and follow-up, stratified by primary outcome achievement. A paired t-test and Wilcoxon Sign-Rank test were conducted to examine the change over time.
- An independent t-test was used to examine the mean follow-up ICECAP-A scores and a Mann-Whitney-U test was used to examine the median follow-up WSAS scores in those who achieved their primary outcome and those who did not.

#### **5.4.6.2 Home Straight and First Steps**

To gain an understanding of the programme itself, descriptive statistics were presented on the specifics of Home Straight and First Steps (using data from referral forms as well), on all those who engaged in the programmes, including non-responders of the evaluation. As measures are not routinely collected in either programme as they are in Head Start by the therapists, baseline comparison tests could not be conducted. Chi-square tests, however, were carried out to explore potential demographic differences between evaluation responders and non-responders, and completers and non-completers of the programme.

Unfortunately, due to the small sample of participants at follow-up in these two programmes, testing of hypotheses one to four was not possible. Descriptive analyses were presented where possible (where it was certain that participants could not be identified) alongside qualitative data to explore the main features under investigation in the hypotheses; mental health; work readiness; and wellbeing/functional impairment.

## 5.5 Qualitative Interview Phase

As this study sought to address multiple research questions, qualitative interviews were incorporated in the study for a mixed methodology. This enabled the opportunity to increase the rigour of the service evaluation and aid the potential ability for policy recommendations and implications for WWTW. To increase validity and integrity, interviews were conducted by myself rather than by the charity. Consequently, ethical approval was sought from and granted by King's College London (HR15/162558; see section 4.2 in APPENDIX 4).

**Objective 5:** To gain an in depth understanding of the programme experiences of WWTW clients, connecting quantitative and qualitative data for participants who engaged in the qualitative interviews.

**Objective 6:** To explore potential explanatory effects of post-military identity and their contribution to civilian occupational outcomes.

### 5.5.1 Qualitative Enquiry

The qualitative interviews were nested concurrently within the overall quantitative evaluation. Interviews were used to gather information about the WWTW programmes to help further understand the process of change. Data collected on peri/post-military transition and identity experiences formed the second part of the interviews. Exploring occupational identity in this way provided an opportunity to identify any evident connections between military-related experiences and transitional experiences, resulting in later use of support services. Doing so could enable suggestion of recommendations for military resettlement provisions.

### 5.5.2 Participants – Sample size & eligibility criteria

During the evaluation process, participants were invited by WWTW to take part in an interview conducted by King's College London. To be eligible for the interview, participants needed to have completed, dropped out or disengaged from any of the three programmes. No further eligibility criteria were implemented.

There is no peer-reviewed evidence (to the best of my knowledge) to guide the sample size determination for qualitative interviews in a service evaluation. However, samples used in qualitative research are smaller than that of quantitative research, as data collection usually stops at saturation point, when no new information is being heard. This

prevents exploitation of participants. The emphasis is not to generate findings that can be generalised to a wider population but to achieve a focused understanding that represents the range and diversity of a phenomenon and group of people (Gale, Heath, Cameron, Rashid, & Redwood, 2013).

A range of two to 45 participants was found for one-to-one interviews in the occupational identity systematic review in CHAPTER 3:. Thus, a target guide of 15 interviews per programme (45 in total) was considered to be sufficient to enable descriptive and theoretical saturation (Charmaz, 2006); 10 who had completed their programme, and 5 participants who had dropped out. Views of anomalous and minority positions are key in qualitative research, thus purposive sampling of participants who had dropped out of their programme was implemented. In practice however, qualitative sample size determination is more of an iterative process, evolving with response rates, analysis and interpretation (Marshall, 1996). As qualitative participants were invited from the quantitative surveys after having completed their WWTW programmes, initial interview response rates were low for First Steps due to low programme participation numbers and for Home Straight, due to the length of the programme. Therefore, the decision was made to invite participants who had been engaged in their programme for at least six months, even if they had not completed their programme. The data was transcribed and monitored as interviews were conducted, and, with fewer participants, no new information was emerging (saturation), the decision was made to conduct no further interviews, see Table 3 for final numbers.

Table 3: Summary of interview participants (n=32)

<b>Programme</b>	<b>Completed</b>	<b>Still engaged</b>	<b>Dropped-out</b>	<b>Total</b>
Head Start	13	0	2	15
Home Straight	3	2	3	8
First Steps	8	1	0	9
Total				32

### 5.5.3 Procedure

Participants were invited by WWTW to take part in an interview conducted independently by King's College London. WWTW invited participants by post or email to briefly inform them of the aim of the interviews and requested that participants let them know if they were interested in learning more. Participants were assured that participation was voluntary and would in no way affect any current or forthcoming care/support from the

charity. For the participants who expressed an interest in the interviews and who had consented for WWTW to pass on their contact details to King's College London, an information sheet and participation consent form were provided (see sections 4.7 and 4.8 in APPENDIX 4), as well as a Signposting Booklet should they ever need it (see section 4.9 in APPENDIX 4). Participants were also asked if they consented to their interview data being connected to the evaluation data, to facilitate the concurrent-nested mixed methods design. This was not a requirement of participation, whereby participants could still be interviewed but their data would not be linked. Details of participant engagement in the interviews were not fed back to WWTW to ensure anonymity and confidentiality. Participants were given a £25 shopping voucher upon completion.

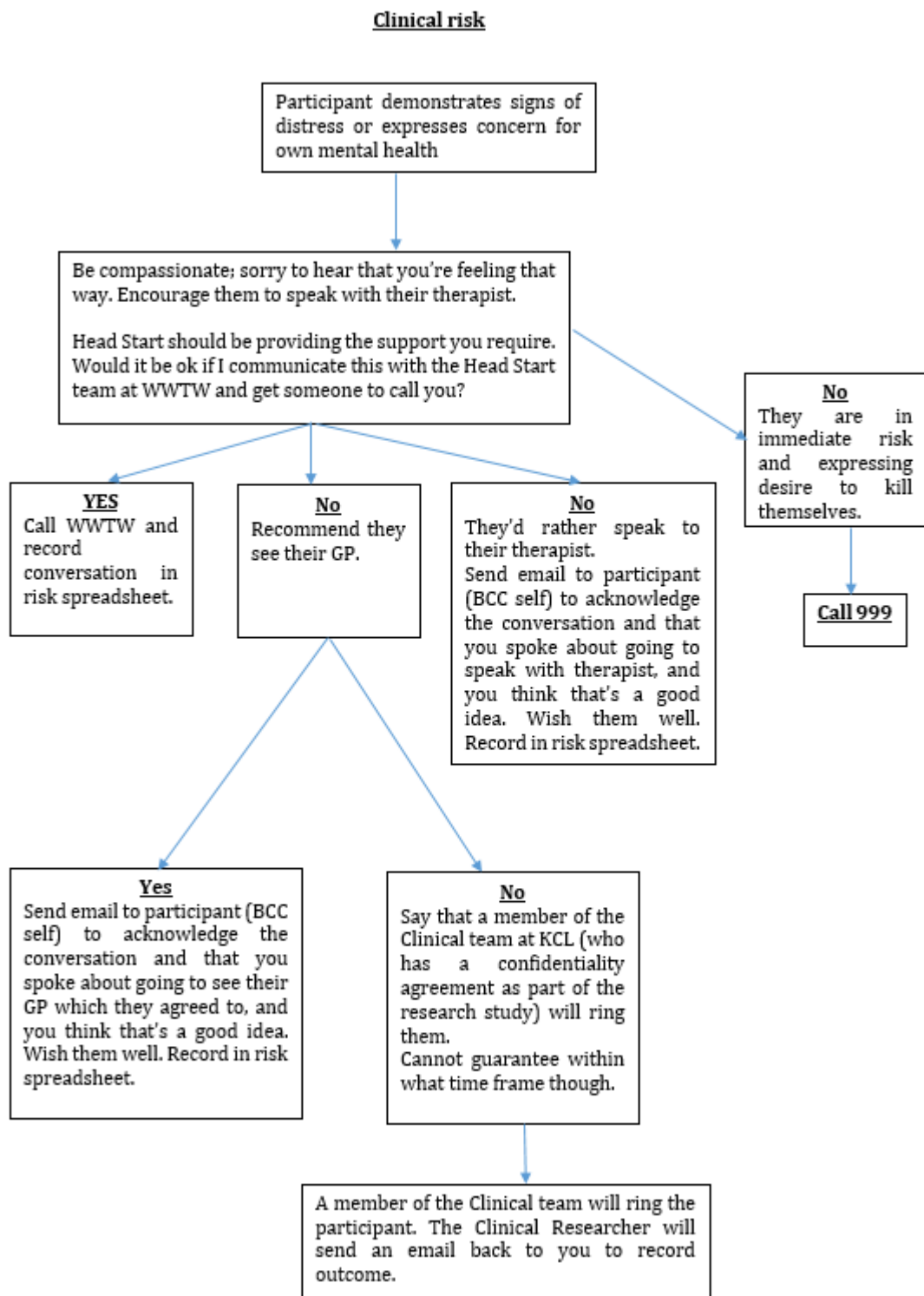
Due to the nationwide reach of WWTW, it was considered that participation might be more convenient and logistically easier to manage over the telephone/Skype, for both the researcher and participant. Evidence suggests that this method allows for similar in-depth findings as face-to-face interviews (Brustad, Skeie, Braaten, Slimani, & Lund, 2003; Sturges & Hanrahan, 2004). Some participants may prefer this method, feeling more able to engage in more sensitive topics at a distance (Maeler & Jones, 2014).

The mean interview length was one hour and ten minutes and reviewed as they were conducted. Interviews were audio-recorded with a Dictaphone and transcribed verbatim (all spoken words, and non-verbal utterances, such as laughter, sighs and significant pauses/hesitations). Two interviews were personally transcribed to obtain a further in-depth understanding of the data, while the remainder were transcribed by an external transcription company agreed by King's Centre for Military Health Research. A confidentiality agreement was signed and policies relating to the new General Data Protection Regulation 2018 were obtained. Participants were given pseudonyms for use in the presentation of the results.

#### **5.5.3.1 Ethical Considerations**

Although it was not expected that the interviews would cause any adverse effects, the nature of the second section of the interview included more emotive topics and were based on personal experiences. Participants were informed at the start of the overall interview and again at the start of the second section that they did not have to answer any questions that they did not wish to. Had participants experienced any level of distress, an empathetic approach would have been taken, offering them a break in the interview or to reschedule. A clinical risk flowchart was devised in the event that concern was felt for any participants, see Figure 11 below.

Figure 11: Flowchart illustrating the clinical risk procedure during interviews



### 5.5.3.2 Interview Schedule

The interviews followed a semi-structured approach, with a schedule of questions to guide the conversation. The approach was chosen due to its broad and elaborative style while still providing a framework within which to address multiple research questions. As stated earlier in section 5.5.1, interviews were divided into two sections. The first stage of the interview was made up of exploratory questions relating to the WWTW programmes; what participants thought of the service; their experiences of the process; exploring other factors that they may have gone through during this period to explain outcomes and impacts; improvements that could be made to the service; and reasons for dropping out (where applicable). These questions were developed from meetings with WWTW about their processes. Questions for the second stage of the interview, on post-military life, were based on areas within current literature that appear to be pertinent to military identity, generated from the review of the literature in CHAPTER 1: and the occupational identity systematic review in CHAPTER 3; participants' views and experiences of their military-civilian resettlement and transition, civilian integration/interaction, and identity. The interview schedule went through a rigorous review with all supervisors and by the KCL ethics committee (HR15/162558). See section 4.10 in APPENDIX 4 for a schedule guide of interview questions.

In line with the analytical approach used (see section 5.5.3), interviews were conducted iteratively, reviewing the interview schedule as each interview was conducted. At the end of each interview, a reflective feedback email from a study-specific account was sent (rather than my own personal one), enquiring about the experience of the interview itself, any barriers to being fully engaged during the interview, and how they felt about the interaction between myself as the researcher and themselves as the participant.

Based on the initial interviews and feedback from a few participants, questions appeared appropriate, but required increased specificity in their phrasing. However, several early participants appeared to easily go 'off topic' in the second section of the interview. Consequently, in line with the semi-structured approach to interviewing, the second section was introduced separately as having several topics to guide the conversation to prepare participants for what was ahead as well as providing a loose structure within which to talk.



#### 5.5.4 Reflexivity

Reflexivity is a strategy for quality control of the qualitative research (Berger, 2015). In being reflexive, researchers may acknowledge the power dynamic between the interviewer and participants, the knowledge gap, or simply the process experiences of conducting the research, such as the impact of personal perspectives (Palaganas, Sanchez, Molintas, & Caricativo, 2017). Researchers may note how the process makes them feel, and whether this brings about changes in them and the potential impact this may have on the research. Throughout the interview stage of the project, I made concerted efforts to use an interview diary to reflect on my role in the study and how my position may influence the outcomes.

Early interviews highlighted potential challenges in understanding military colloquialism and acronyms, and potential barriers in engaging with a military sample (female researcher in a primarily male sample and occupation; insider/outsider effects; young sounding voice; and emotional and psychological reticence of the sample; Higate & Cameron, 2006). It was important for me to maintain awareness of myself and where I sat in relation to the data as the study progressed. I noted my experiences and expectations about the military and the project as interviews progressed; a process is called 'bracketing' (Tufford & Newman, 2010). At the end of each interview, I emailed participants from a neutral study feedback email to enquire about participant experience of the interview itself, any barriers to being fully engaged during the interview, and how they felt about the interaction between myself as the researcher and themselves as the participant. See Reflections on my interview experience in section 11.6.2 of the Discussion.

#### 5.5.5 Secondary Aim – analytical plan

The mixed methodology of this study (concurrent-nested) required integration and interpretation, as discussed in section 5.1.1. The design as discussed previously dictated the analysis plan and order.

The first stage of the qualitative interviews covered the evaluative questions on the WWTW programmes, forming the concurrent-nested model of the study. The qualitative data was analysed concurrently with the quantitative data to enable simultaneous reporting of both data types for augmented understanding, particularly about those who consented to their quantitative data being connected to their qualitative interview data. In doing so, it was possible to explore the contribution of knowledge on the experiences

during the post-military life in the understanding of employment and mental health and wellbeing outcomes in the WWTW programmes.

The Framework Analysis approach (FA; Ritchie & Spencer, 1994) was used for the qualitative data.

#### 5.5.5.1 Objectives

**Objective 5:** To gain an in depth understanding of the programme experiences of WWTW clients, connecting quantitative and qualitative data for participants who engaged in the qualitative interviews.

**Objective 6:** To explore potential explanatory effects of post-military identity and their contribution to civilian occupational outcomes.

#### 5.5.6 Choice of Analytical Approach

Qualitative research has been increasingly used to explore the diversity and range of social and policy issues, to garner a deeper understanding than that which could be obtained by quantitative research alone. FA (Ritchie & Spencer, 1994) was specifically developed for applied policy research, due to its clear staged approach to analysis within which stakeholders are able to identify where conclusions and recommendations were made. The approach allows for both inductive and emergent concepts to be explored as well as a priori concepts sought out by the research aims and funders.

FA involves five systematic stages to the analytical process (Ritchie & Lewis, 2003; Ritchie & Spencer, 1994), proposed to produce increased rigour to qualitative data. Although described as discrete stages, they are interconnected, creating an iterative and reflexive approach to developing the framework. It allows for both theme-based and case-based analysis and a mixture of the two, to develop a matrix of ideas.

- *Familiarisation* – reading and gaining an understanding of the data, noting potential patterns and ideas.
- *Identifying a thematic framework* – a structure is created for the analytical approach to proceed with the analysis, generated either from initial coding or a priori concepts.
- *Indexing* – the framework is applied to the data and continually reviewed.
- *Charting* – the framework is used to create a chart of the data, summarising quotes or discussion points.

- *Mapping and interpretation* – the data within the chart are then interpreted to generate concepts, processes and matrices.

#### 5.5.6.1 Justification for Framework Analysis

There are different analytical methods available when conducting qualitative research, based on differing epistemological and ontological approaches (Elliott, Fischer, & Rennie, 1999). Data can thus be read, understood and interpreted in different ways based on the approach taken. As with deciding upon the most appropriate research design and method, one needs to consider the research aim/question and what knowledge is being sought when deciding the analytical framework. The primary research aim for this study was to investigate the effectiveness of the WWTW programmes and therefore also exploring acceptability and personal experiences of the programmes through qualitative interviews, to enable WWTW to make policy and practice recommendations.

Considering the mixed methodology design and aims of the research, the interviews intended to elicit the perspectives of ExSP; their 'story' of their resettlement and transition, but also their evaluative feedback of WWTW programmes. This aimed to generate an understanding of their experiences without being constrained by the evaluation parameters while still acknowledging the importance of the evaluation. These considerations suggested an experience focused method but required inclusion of a structured approach to satisfy certain predefined aims; exploring both explicit and implicit data. FA can provide this context within which to analyse qualitative data.

As noted above, FA was developed for the use of applied policy research, as it is able to accommodate specific research questions, a priori issues that need to be addressed, a pre-set sample and within a limited window of time (Srivastava & Thomas, 2009). Unlike many other qualitative methods such as Grounded Theory (Glaser & Strauss, 1967) or Interpretative Phenomenological Analysis (Smith, Flowers, & Larkin, 2009), FA is not underpinned by any theoretical position, giving it flexibility that can be applied to other methods to achieve a best-fit with the research aims (Gale et al., 2013; Parkinson, Eatough, Holmes, Stapley, & Midgley, 2015; Ritchie & Spencer, 1994). Although similar to FA largely by its independence from theory and epistemological structure, and also implemented in the early stages of the FA process, Thematic Analysis (Braun & Clarke, 2006) is an approach on its own, but also not thought to be appropriate. While Thematic Analysis aims to cover most of the data through thorough coding, FA incorporates all of the data

irrespective of its theme connection, providing opportunity for more in-depth understanding of the data (Ritchie & Lewis, 2003).

Furthermore, the research aims covered both pre-set evaluative questions of WWTW programmes as well as exploring post-military identity and experiences, while considering relationships among the themes. FA can accommodate a priori concepts as well as emergent data that should guide the analytical framework, enabling certain questions to be answered while allowing for topical discoveries. FA also facilitates constant comparison both within and across participants, exploring emergent connections, relationships and stories among the data.

In qualitative research, the interviewer cannot truly be impartial in their approach to analysis, playing an active role in interpretation, with their knowledge and experience shaping their understanding, even on a subconscious level (Palaganas et al., 2017). With its systematic and structured process, FA allows for analytical ideas and recommendations to be managed and tracked, providing validity and clarity through an audit trail for stakeholders; a key requirement in applied policy research. See section 5.5.4 and 11.6.2 for reflexive discussions of this study.

#### **5.5.6.2 Analytical process**

The following analytical process was undertaken for both the WWTW programme evaluation feedback and the occupational identity exploration.

*Familiarisation* – This stage involves becoming ‘familiar’ with the data collected and fully immersing oneself in it. The transcripts were read and/or listened to multiple times to build an idea of key themes and concepts. This process was undertaken whilst checking the accuracy of the transcription and gain an overview of the study concepts.

*Thematic analysis* – This stage resembles much of the established method of Thematic Analysis by Braun and Clarke (2006), of themes within the data. However, a prior conceptual framework is used as a basis from which to explore data, guiding the initial coding scheme. Ritchie and Spencer (1994) emphasise that this conceptual framework should be used tentatively, with the data leading the analysis process. It is here that new themes evident from the familiarisation stage are either fitted within the existing framework or added as further themes. The conceptual framework presented in section 2.2 in Thesis Outline (see Figure 1) provided the basis for my analysis (see left-hand image in Figure 12 and Figure 13).

Figure 12: Developing the Conceptual Framework for the first part of the qualitative interviews

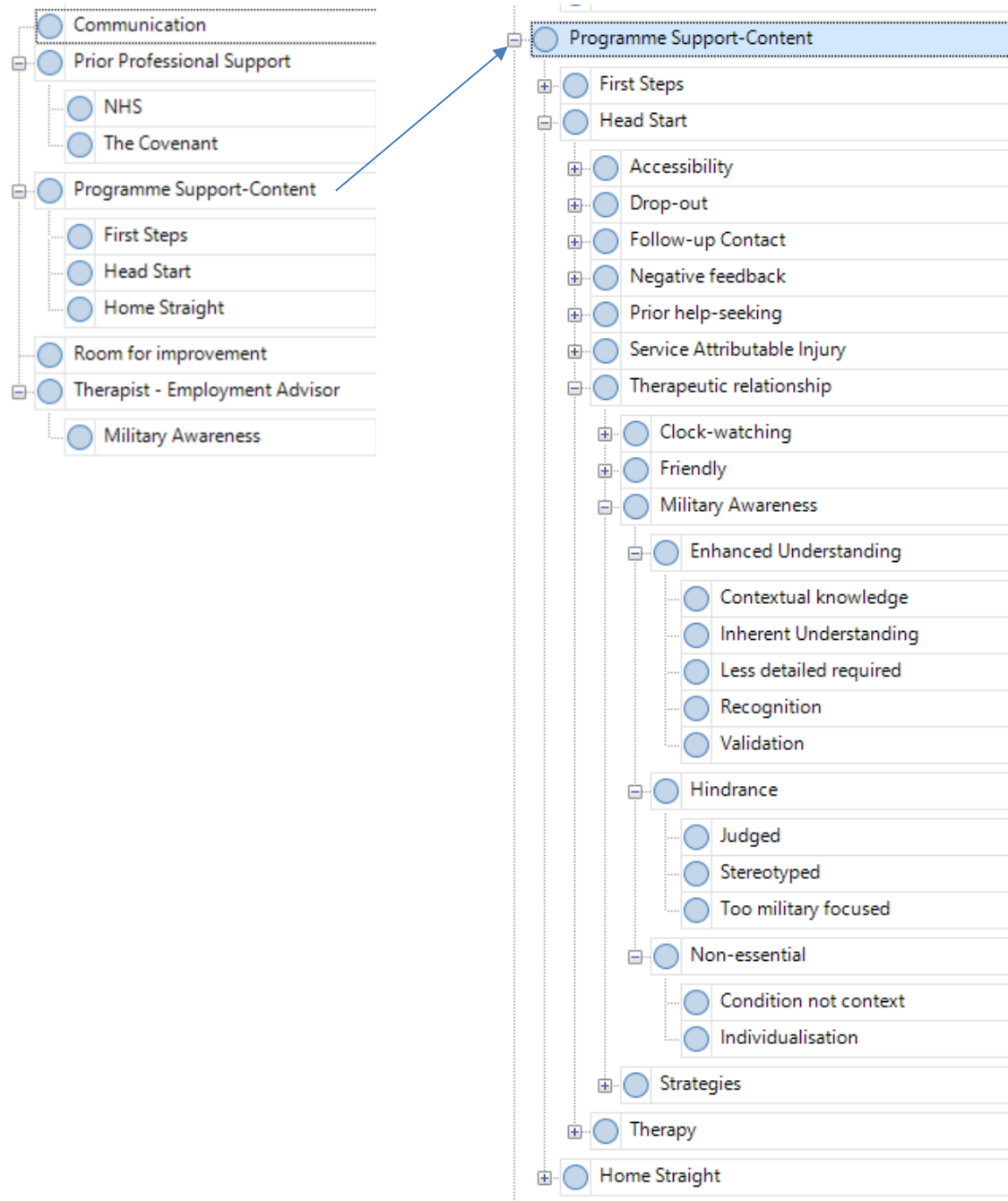
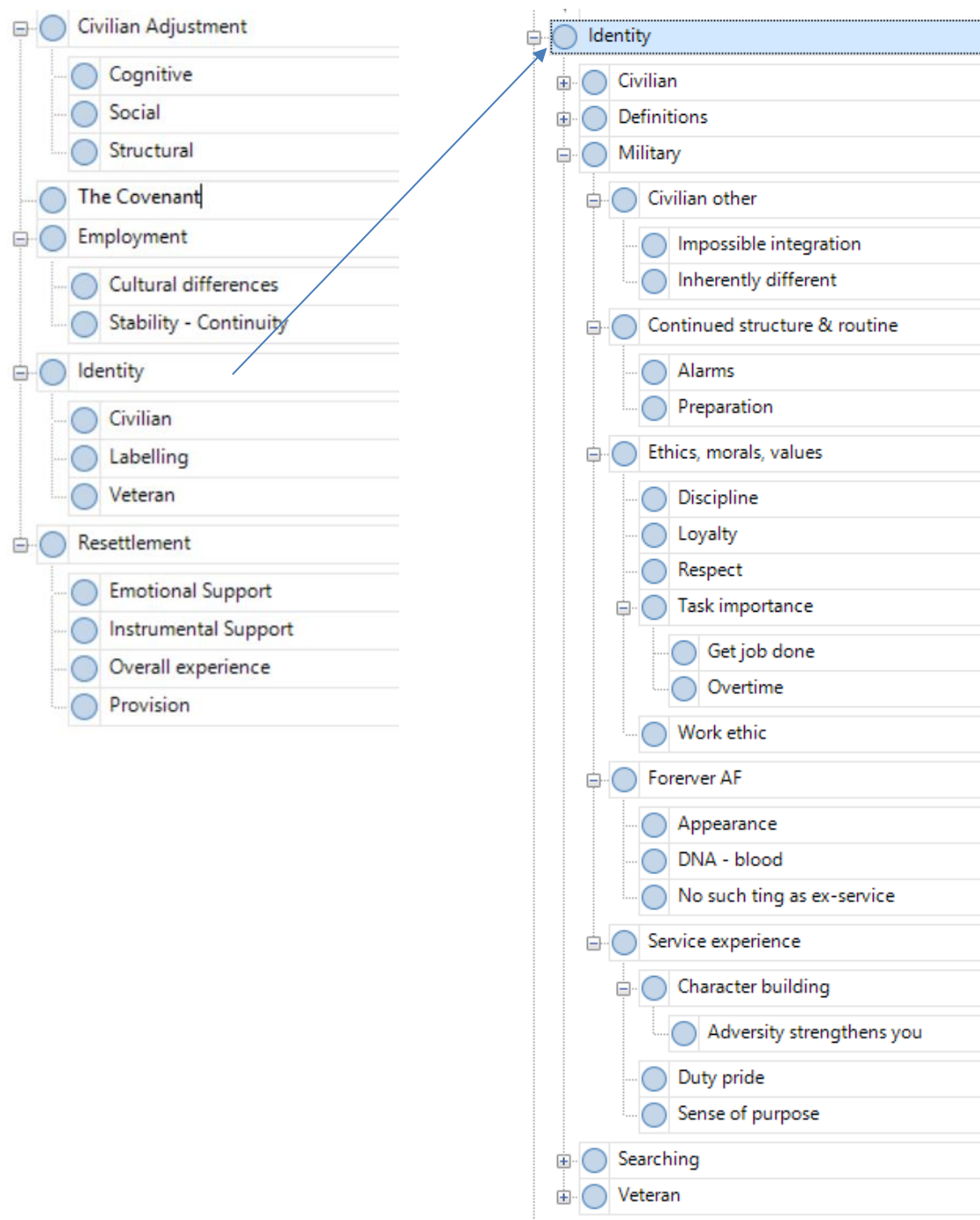


Figure 13: Developing the Conceptual Framework for the second part of the qualitative interviews



*Indexing* – The thematic frameworks developed in the previous stages were applied to the data, where text within the transcripts were coded to themes using QSR NVivo (QSR International Pty Ltd, 2012). The framework underwent further revision at this point, as new themes emerged; amalgamating or subdividing existing themes. Figure 12 and Figure 13 above illustrate the development of the thematic framework within NVivo as it underwent revision in the analysis of this study.

Discussions were held with a fellow PhD colleague and with supervisors to check the veracity of the codes and themes, with feedback taken on board to develop future directions.

*Charting* – The data indexed in the previous stage were organised into themes and placed into external charts of the major themes.

Table 4 is an excerpt from one of theme charts of this study and Table 5 provides an excerpt of how these charts were summarised - the second column provides a summary of the participant for that particular code; the third column breaks the summary down further drawing out the main points, followed by the final column which shows the analytical dimension that were drawn from the data. Case classification differences assembled in a central chart (e.g. age, time since discharge, WWTW programme; see Table 6) enable a broad understanding of the data and participants and could be mapped onto the charts for each major theme (see columns 2, 3 & 4 in Table 4).

Table 4: Extract illustrating within-case and between-case analysis for Civilian Employment theme

Participant	Self-evaluated work readiness after WWTW programme	Barriers to employment	Facilitators to employment	Interpersonal	Employment outcome
James	Felt he could have obtained work himself, he was ready, but needed a helping hand and some guidance, due to his mental health problems. Felt he has been very up and down	Civilian jobs are boring, sat behind a desk with aircon and heating. Feels he had poor preparation for civilian work, felt unprepared. Rigid mindset cannot tolerate poor work ethic; lateness.	Positive & optimistic outlook, believing success is in his own hands.	Civilians are 'another type', different and hard to work with, definitely not people to socialise with outside of work. Only ever worked with males, finding it hard to engage with females professionally. He acknowledges the need to make an effort in his working relationships.	Gained employment
Geoff	"Cannot" work, his body is broken, and his mind won't let him work.	Low self-esteem, sense of hopelessness as he feels he is broken and cannot be repaired. He was continuously told he was thick, so left school early with no qualifications, which he no regrets.	Previously found work driving, which he did in the Army. It was a family run business and felt like a close family unit. He felt he excelled there.	He believes he has developed a 'muscle memory' for leading by intimidation, especially as no one is watching his back outside. Struggles to engage with civilians.	Did not gain employment



Table 5: Excerpt of charting summary for Identity

Participant Pseudonym	Summary	Elements	Dimensions
Jonathan	<p>Joined due to <b>family tradition</b> rather than desire. They know they are a veteran by definition and happy to be called a veteran if other people want to, but they feel they are <b>more of a civilian</b> who used to be in the military.</p> <p><b>Enjoyed their military service and proud</b>, but now a driver and enjoys that too.</p> <p>Civilian work is different they are ok with that, they have a <b>lot of other things to offer</b>.</p> <p>Struggled to come to terms with their mental health problems and what that meant for them. They felt this caused their initial job problems, getting a job, <b>losing a job, getting another job</b>.</p> <p>Feels as though they should miss the military more but gets the same amount of comradery from the civilian friends. Support from family kept them grounded and helped them move forward.</p>	<ul style="list-style-type: none"> <li>- More to them than their military past.</li> <li>- Enjoyed their service but content having left.</li> <li>- Not a very strong in-service identity.</li> <li>- Self-judgement on how a veteran should feel and behave.</li> <li>- Social support helped them adjust to civilian life and accept their mental health problems.</li> <li>- Abstract perspective of skill transferability.</li> </ul>	<p>Just a job; valued service; ambivalent sense of purpose; open to the future; self-appraisal; belonging</p>
Patrick	<p>Is teased by peers for not being a soldier, for having a trade. But they have more medals than most veterans. <b>Very proud</b> of their service.</p> <p>Feels veterans are funnelled into typical military-civilian jobs, not valuing individuality, falsely valuing their experience.</p> <p>Has found working in a <b>civilian role with military connection helps balance his life</b>.</p>	<ul style="list-style-type: none"> <li>- Feels superior to other veterans.</li> <li>- The role identity gave them a sense of purpose and importance.</li> <li>- Needs a military connection to adjust.</li> </ul>	<p>Hierarchy; sense of importance; pride; duty importance</p>

Marcus	<p>The <b>military never leaves you</b>, because it makes you a different type of person. Keeps life regimented and structured, <b>no flexibility for civilian life</b>; this is all they know and want to know.</p> <p>Day-to-day life has not changed as <b>social network is still military</b>, civilians are other people, they do not understand military people. Civilian do not socialise outside of work, they are unfriendly and not like military personnel.</p> <p>Civilians are scared because <b>veterans are better</b> and can steal jobs. But no civilian jobs compare.</p> <p>After four years, starting to get used to civilian life but does not like it, <b>desperately wanted to stay in</b>.</p>	<ul style="list-style-type: none"> <li>- Always military, never a civilian.</li> <li>- Civilians are 'other' people, the out-group</li> <li>- Misses military life and would go back instantly.</li> <li>- Search for persistent sameness.</li> <li>- Does not accept change in lifestyle, feels they can live a military/veteran life in civilian society, do not need to change.</li> </ul>	<p>Loss of civilian self; more than a job; valued in-group; hierarchy; self-worth; irreplaceable sense of purpose</p>
Jessica	<p><b>All ever wanted to do</b>, wanted a 22-year long career, but had a <b>negative final few years</b>, being shaped into someone else. Diagnosed with PTSD and subsequently medically discharged - <b>felt poorly looked after</b> by the AF, their 'family', and <b>poorly supported</b> during discharge. Seeking different type of civilian career, <b>did not want reminders</b> of the past.</p> <p>Wasn't ready for new employment venture, starting own business, business folded. They were a Senior ranking Officer, they <b>should be able to cope</b>, they should be able to get a good job and keep it.</p> <p>Trying to figure out what PTSD means to them, what does it make them, what does it mean for them. Feels like there is a <b>barrier between them and other people</b>, even veterans without PTSD.</p> <p>Unsure how to be a girl, how to dress and talk, felt as though they <b>lost their female identity</b> during service.</p> <p>Lacking control of life even though they are in control, knowing they are a veteran and a civilian, <b>feeling both and neither at the same time</b>.</p>	<ul style="list-style-type: none"> <li>- Sense of uncertainty around what their past means now. All they ever wanted but ended negatively.</li> <li>- Described feeling let down by their in-group.</li> <li>- Feels disconnected from civilian, military and female communities.</li> <li>- Unable to communicate and socialise, unsure what to do or say.</li> <li>- PTSD diagnosis feels like a heavy weight.</li> <li>- Sense of pressure to be resilient.</li> <li>- Unstable employment status and history.</li> <li>- Feeling lost and out of control.</li> </ul>	<p>Irreplaceable sense of purpose; sudden shock; stuck in the past; loss; rejection; loss of civilian self; low self-worth; lack of agency and autonomy</p>

Table 6: Case Classification framework

Person	Age	Content leaving	Discharge Experience	Discharge Reason	Enlistment Reason	Gender	Interview Type	Length of Service	Programme Experience	Programme completion	Same Relationship as at Discharge	Service experience	Time since discharge	WWTW Programme
Cases\	41-50	Yes	Ambivalent / Neutral	Voluntary Discharge - fed up / angry	Curious / Spontaneous	Male	Survey Interview	Early Service Leaver (<4yrs)	Positive	Yes	No	Ambivalent	20+ years	First Steps
Cases\	Unassigned	Couldn't wait	Positive	Voluntary Discharge - fed up / angry	All ever wanted	Male	Interview Only	Long Mid-service Leaver (11-22yrs)	Negative	No	No	Mixture	2-5 years	Head Start
Cases\	51+	Unassigned	Unassigned	Unassigned	Not sure what else to do	Male	Interview Only	Long Mid-service Leaver (11-22yrs)	Positive	Not Applicable	No	Positive	20+ years	Home Straight
Cases\	31-40	Yes	Negative	Medical Discharge	All ever wanted	Male	Survey Interview	Long Mid-service Leaver (11-22yrs)	Positive	Unassigned	Yes	Mixture	<1 year	First Steps
Cases\	41-50	Yes	Negative	Voluntary Discharge - time for chang	Unassigned	Male	Interview Only	Long Mid-service Leaver (11-22yrs)	Positive	Yes	No	Positive	11-20 years	Home Straight
Cases\	41-50	Yes	Negative	Voluntary Discharge - fed up / angry	Curious / Spontaneous	Male	Interview Only	Long Mid-service Leaver (11-22yrs)	Positive	Yes	Yes	Positive	11-20 years	First Steps
Cases\	51+	Unassigned	Negative	Voluntary Discharge - time for chang	All ever wanted	Male	Interview Only	Long Mid-service Leaver (11-22yrs)	Positive	Yes	No	Mixture	11-20 years	Home Straight
Cases\	31-40	Unassigned	Negative	Voluntary Discharge - fed up / angry	All ever wanted	Male	Interview Only	Short Mid-service Leaver (4-10yrs)	Positive	Yes	No	Ambivalent	6-10 years	Head Start
Cases\	51+	Unassigned	Negative	Redundancy	Curious / Spontaneous	Male	Interview Only	Unassigned	Positive	No	No	Positive	20+ years	Home Straight
Cases\	18-30	Definitely not	Positive	Medical Discharge	All ever wanted	Male	Interview Only	Short Mid-service Leaver (4-10yrs)	Positive	Yes	Yes	Positive	<1 year	First Steps
Cases\	41-50	Definitely not	Negative	Involuntary Discharge - unsuitable	All ever wanted	Male	Interview Only	Short Mid-service Leaver (4-10yrs)	Not Applicable	No	No	Positive	6-10 years	Home Straight
Cases\	18-30	Yes	Ambivalent / Neutral	Involuntary Discharge - unsuitable	Not sure what else to do	Male	Survey Interview	Short Mid-service Leaver (4-10yrs)	Mixture	Yes	Yes	Mixture	6-10 years	First Steps
Cases\	41-50	Unassigned	Ambivalent / Neutral	Redundancy	Unassigned	Male	Interview Only	Long Mid-service Leaver (11-22yrs)	Mixture	No	No	Mixture	6-10 years	Head Start
Cases\	51+	Unassigned	Negative	Dishonourable Discharge	Unassigned	Male	Interview Only	Long Mid-service Leaver (11-22yrs)	Positive	Yes	No	Positive	20+ years	Head Start
Cases\	Unassigned	No	Ambivalent / Neutral	Involuntary Discharge - unsuitable	Unassigned	Male	Survey Interview	Long Mid-service Leaver (11-22yrs)	Positive	Not Applicable	No	Positive	6-10 years	Head Start
Cases\	41-50	Yes	Positive	Retired	All ever wanted	Male	Survey Interview	Full Service Career Leaver (22yrs)	Mixture	Yes	Yes	Positive	2-5 years	Head Start
Cases\	41-50	Definitely not	Ambivalent / Neutral	Retired	All ever wanted	Male	Survey Interview	Beyond Full Service (22+yrs)	Positive	Yes	Yes	Positive	6-10 years	Head Start
Cases\	41-50	Definitely not	Negative	Medical Discharge	All ever wanted	Male	Survey Interview	Short Mid-service Leaver (4-10yrs)	Positive	Yes	No	Positive	11-20 years	First Steps
Cases\	41-50	Definitely not	Negative	Medical Discharge	All ever wanted	Male	Survey Interview	Short Mid-service Leaver (4-10yrs)	Positive	Yes	Yes	Mixture	20+ years	Head Start
Cases\	51+	Unassigned	Negative	Voluntary Discharge - fed up / angry	Curious / Spontaneous	Male	Survey Interview	Early Service Leaver (<4yrs)	Positive	Yes	Yes	Positive	20+ years	Head Start
Cases\	31-40	Unassigned	Negative	Medical Discharge	Not sure what else to do	Male	Survey Interview	Long Mid-service Leaver (11-22yrs)	Mixture	Yes	No	Mixture	2-5 years	Head Start
Cases\	31-40	Unassigned	Ambivalent / Neutral	Voluntary Discharge - time for chang	All ever wanted	Male	Survey Interview	Short Mid-service Leaver (4-10yrs)	Positive	Yes	No	Ambivalent	2-5 years	Head Start
Cases\	41-50	Unassigned	Ambivalent / Neutral	Voluntary Discharge - fed up / angry	Family - Tradition / Expectation	Male	Survey Interview	Short Mid-service Leaver (4-10yrs)	Positive	Yes	No	Positive	11-20 years	Head Start
Cases\	41-50	Yes	Positive	Retired	Curious / Spontaneous	Male	Survey Interview	Beyond Full Service (22+yrs)	Positive	Yes	No	Positive	2-5 years	First Steps
Cases\	41-50	Couldn't wait	Negative	Medical Discharge	All ever wanted	Female	Survey Interview	Full Service Career Leaver (22yrs)	Positive	Yes	Yes	Positive	<1 year	First Steps
Cases\	18-30	Definitely not	Negative	Medical Discharge	Unassigned	Male	Survey Interview	Short Mid-service Leaver (4-10yrs)	Negative	Yes	No	Mixture	2-5 years	Head Start
Cases\	41-50	Yes	Negative	Medical Discharge	Escaping home life / way out (prison/poverty, etc)	Male	Survey Interview	Beyond Full Service (22+yrs)	Mixture	Yes	No	Positive	<1 year	First Steps
Cases\	41-50	Unassigned	Negative	Voluntary Discharge - time for chang	Curious / Spontaneous	Male	Survey Interview	Long Mid-service Leaver (11-22yrs)	Not Applicable	No	No	Positive	11-20 years	Home Straight
Cases\	51+	Yes	Ambivalent / Neutral	Voluntary Discharge - time for chang	Family - Tradition / Expectation	Male	Survey Interview	Short Mid-service Leaver (4-10yrs)	Ambivalent	Yes	No	Ambivalent	20+ years	Head Start
Cases\	51+	Unassigned	Positive	Retired	Family - Tradition / Expectation	Male	Survey Interview	Beyond Full Service (22+yrs)	Ambivalent	Yes	Yes	Mixture	11-20 years	Head Start
Cases\	41-50	Yes	Positive	Voluntary Discharge - time for chang	Family - Tradition / Expectation	Male	Survey Interview	Beyond Full Service (22+yrs)	Positive	Yes	No	Positive	11-20 years	Head Start
Cases\	31-40	No	Negative	Medical Discharge	All ever wanted	Male	Interview Only	Short Mid-service Leaver (4-10yrs)	Positive	Yes	Yes	Positive	2-5 years	Home Straight

*Mapping and Interpretation* – Analysis of the main categories, dimensions and elements of each theme occurred at this stage and were considered together in the dataset as a whole. In FA, analysis takes place on a column by column (within case) and row by row (between case) basis. As pointed out in Table 4, two participants with different employment outcomes, demonstrating within and between case analyses to explore this theme.

Once the data had been ‘charted’ and categorised, summary matrices were created. ‘Elements’ were taken from the charts and organised into categories and dimensions based on their similarities. For example, one element within the psychological adjustment theme of post-military identity was feeling like a failure and being weak because of medical discharge, while another was feeling anonymous as a civilian. These ‘elements’ formed the ‘dimension’ of self-appraisal and categorised as acceptance. The evaluation summary matrices detailed categorisations of the main feedback dimensions for the WWTW programmes, presented and discussed at the end of each of the evaluation results chapters. The summary matrices for the second part of the interviews, catalogued the dimensions for each of the chart themes pertinent to the experiences of ExSP during their military-civil identity experience.

Examples of the matrix summaries for the second phase of the interviews on post-military identity development are provided in the appendices (Table 53-58). Categorical differences from the central chart (see Table 6) were considered within the individual theme charts, enabling a deeper understanding of how these differences seemed to affect experiences of transition and identity, contributing to the generation of final key themes.

The matrix form of managing such a large amount of data generates a level of detail that should enable the creation of a schematic diagram should one be desired. Ritchie and Spencer (1994, p. 186) emphasise that at this stage researchers should be reminding themselves of the main purpose of qualitative research; *“defining concepts, mapping range and nature of phenomena, creating typologies, finding associations, providing explanations, and developing strategies”*. In this stage, the researcher is searching for a structure, explanations and connections, not just the aggregation of data.

It is at this point that typologies were developed. Typologies are about making best possible summaries to understand the majority of experiences, simplifying complex social behaviour and practices. Typologies are not categorical, they serve the purpose of trying to understand certain conditions and factors. Typologies were discussed and sound-checked with a second researcher (LP), a fellow PhD student. A decision criteria table was

generated based on key features that were becoming evident within the participants, suggesting ‘types’ of veterans, see Table 7, and bold text in Table 5.

Table 7: Decision table for identity types

	<b>In-Service Identity</b>	<b>Service Experience</b> (support, excitement, general experiences)	<b>Pride</b> (service experience, validation)	<b>Discharge Experience</b> (support, gratitude)	<b>Group Status</b> (personal identification and treatment by others)
<b>Type 1</b>	<b>Strong</b>	Positive Experience	Outwardly Proud	Positive	Veteran insider
<b>Type 2</b>	<b>Weak</b>	Relatively neutral / ambivalent experience, or positive but without much emotion.	<b>Inwardly Proud</b>	Mostly Positive	Military Outsider / Civilian Insider
<b>Type 3</b>	<b>Very strong</b>	<b>Very Positive</b>	<b>Very Outwardly Proud</b>	Did not seem to matter	Military Insider
<b>Type 4</b>	Strong	<b>Poignant negative events</b> , with a few positive experiences (for some).	<b>Ashamed &amp; Angry</b>	<b>Negative</b>	Military & Veteran Outsider
<b>Type 5</b>	Strong or Weak	<b>Mixture of strong experiences</b> – some very positive & very negative experiences	<b>Confused / Unsure</b>	Negative	Insider on the outside, Veteran Outsider, Civilian Outsider

\*Bold text indicates key defining features for each type

## **CHAPTER 6:      WWTW Evaluation Results Overview**

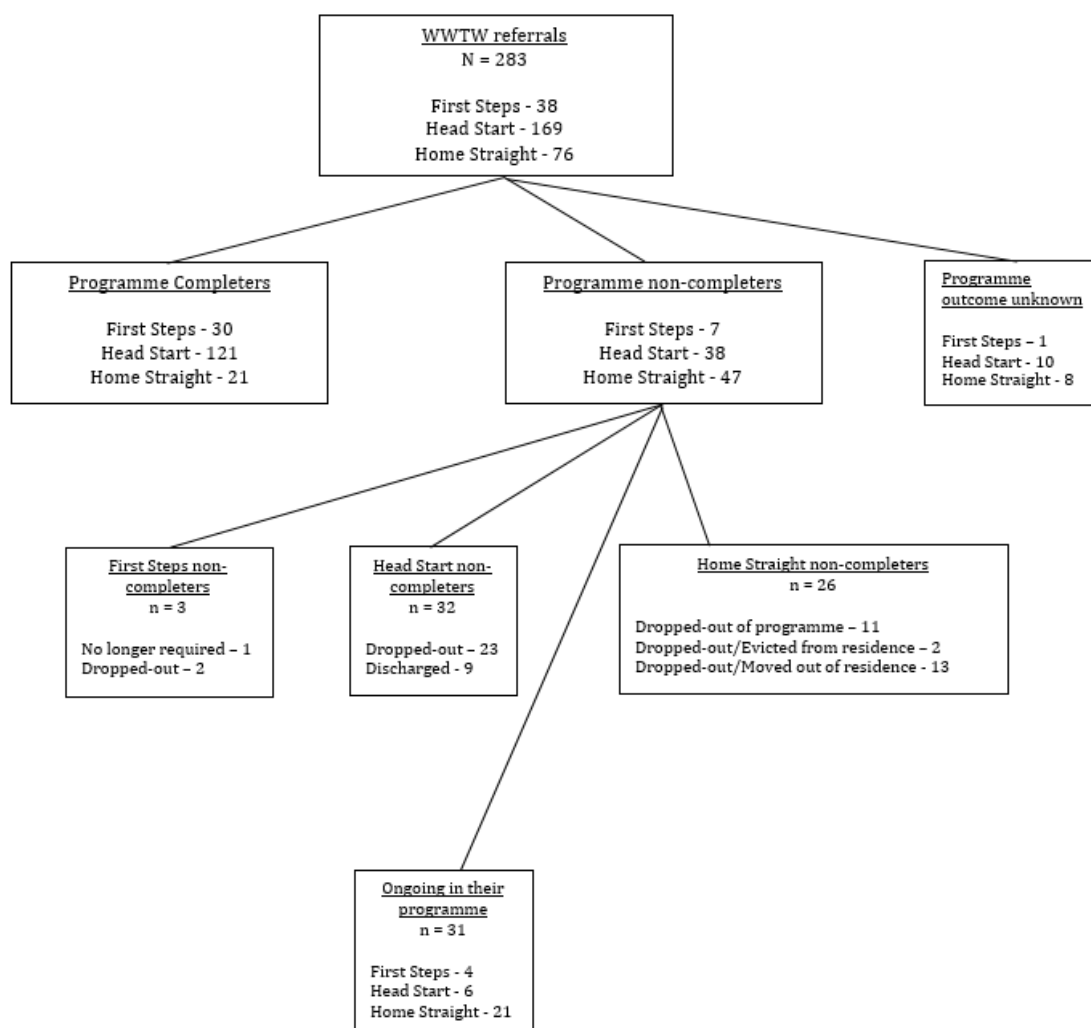
Chapters 6 through to 9 aims to answer objectives three, four and five;

- (3) to establish effectiveness of the WWTW programmes by achievement of programme specific primary outcomes in the three programmes under evaluation (Head Start, First Steps and Home Straight);
- (4) to establish whether engagement in the WWTW programmes improves personal recovery and wellbeing as measured by increased functionality and capability in life;
- (5) to gain an in depth understanding of the programme experiences of WWTW clients, connecting quantitative and qualitative data for participants who engaged in the qualitative interviews.

### **6.1 Programme Engagement**

Figure 14 below illustrates the flow of participants who engaged in each programme during the evaluation period, including those who dropped out. A total sample of 283 beneficiaries engaged in the three WWTW programmes, with 172 completing, 61 dropping out/disengaging and 31 still ongoing at the time the evaluation ended.

Figure 14: Flow diagram of programme engagement

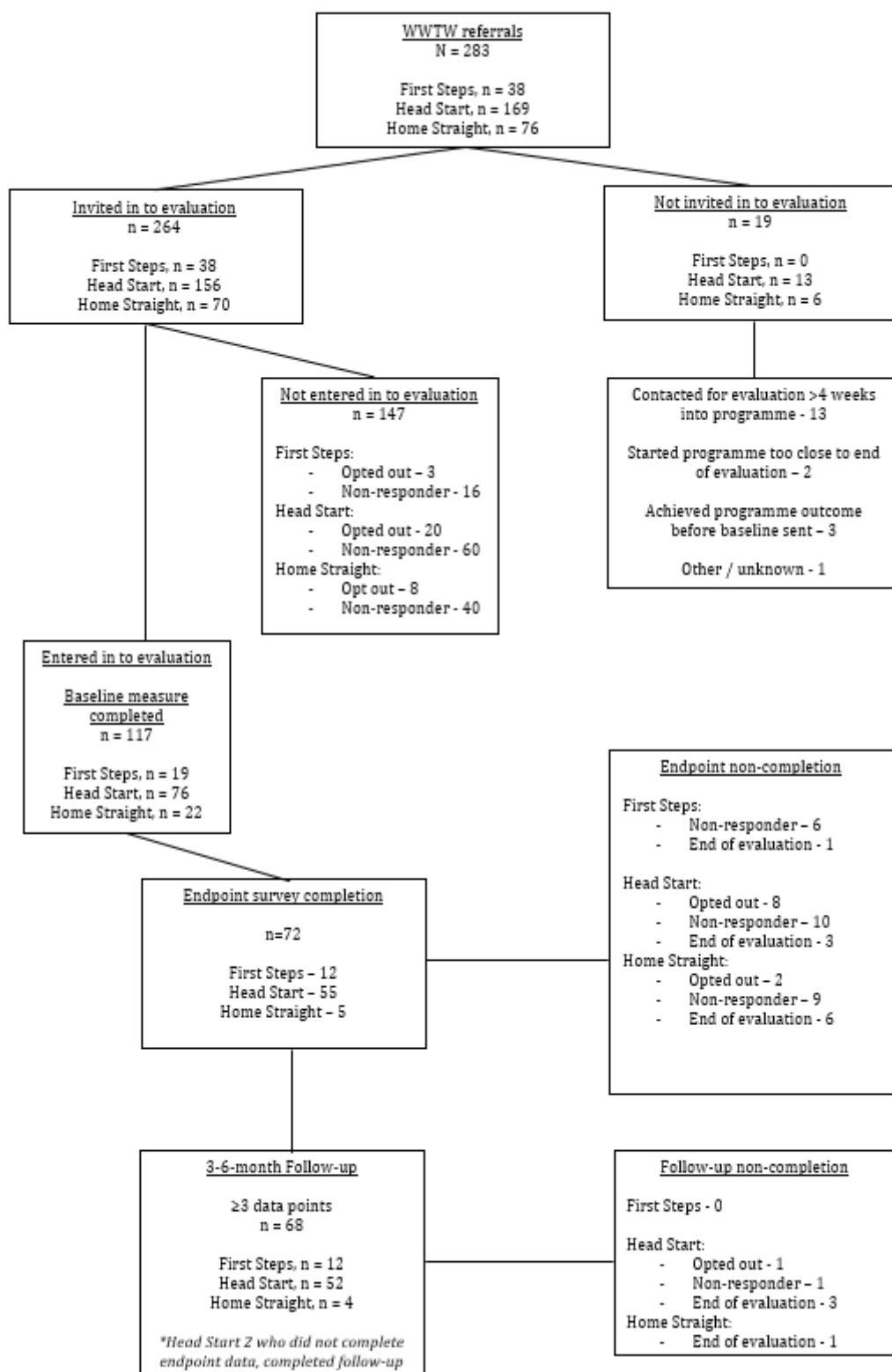


## 6.2 Evaluation Engagement

Evaluation data was collected at baseline, midway (for some participants), endpoint and at three-six months follow-up, see Figure 15. Of those who were contacted to take part in the evaluation (n=264), overall response rate at baseline was 44.3% (n=117). Of those who completed their baseline survey (n=117), the response rate at endpoint was 61.5%, and 58.1% at follow-up. For those who completed baseline measures for First Steps, 63.2% continued to follow-up (no endpoint surveys were required to be sent). For those who completed baseline measures for Head Start, 72.4% continued to endpoint, and 68.4% continued to follow-up. For those who completed baseline measures for Home Straight, 59% continued to midway surveys, and 18% completed follow-up surveys. Home Straight was a significantly longer programme (of up to 18 months; see subsequent section

9.1 for programme specific details), meaning fewer participants 'completed' (obtaining employment).

Figure 15: Flow diagram of evaluation engagement (n=68 at follow-up)





### 6.3 Interview Engagement

A total of 67 participants responded to the initial invitation sent out by WWTW to invite them to take part in a confidential and anonymous interview independently conducted by King's College London (see 5.5.3 in Methods Chapter 5). As presented in Table 8 below, just under half (47.7%) of these participants engaged in the interviews. Participants from Head Start formed 46.8% of the final interview sample, with First Steps and Home Straight contributing almost equally (28% and 25% respectively).

Table 8: Recruitment and response rates for the qualitative interviews from the service evaluation

	<b>First Steps n (%)</b>	<b>Head Start n (%)</b>	<b>Home Straight n (%)</b>	<b>Total N (%)</b>
<b>Responded to invitation</b>				
- Completer	16	26	10	52
- Non-completer	0	4	7	11
- Still engaged	1	0	3	4
<b>Total</b>	17	30	20	67
<b>Participated</b>				
- Completer	8	13	3	24
- Non-completer	1	2	3	6
- Still engaged	0	0	2	2
<b>Total participated</b>	9 (52.9)	15 (50)	8 (40)	32 (47.7)

### 6.4 Demographic Characteristics

Table 46 in APPENDIX 5 displays the demographics characteristics of the overall sample within the WWTW programmes. The average client of the charity was a single male, aged approximately 42 years-old, who was below Officer rank (almost equally NCO and Enlisted) of just under 10 years (9.91yrs) in the regular Army who had deployed. The youngest of ExSP (20-24 years old, n=7) primarily appeared in Home Straight, the homelessness programme. Just under half (43.82%) voluntarily discharged and served for a mean 9.91 years (with 16.61% being ESLs). Although there was a mean of 12.44 years since discharge, just under 10% (8.8%, n=25) of all those who sought help from WWTW were less than two years post-discharge (it cannot be determined from this data whether this was the first point of contact with support services though). This is briefly explored in qualitative interviews in section 7.4.1 of the Head Start results chapter.

Table 47 in APPENDIX 5 presents the demographic data for the 32 interview participants. Most (75%) participants were from the Army (with five from the RAF and three from the Naval services), over half (56%) were of enlisted rank, and approximately half (47%) had left more than 10 years earlier (with three having left within two years). Although just over two thirds (65%) were content leaving the AF, only 10 had voluntarily discharged. Most (59%) had described their military service as positive, but over half (53%) also described their discharge experience as negative. There was no mental health data on 12 interviewees as they had not participated in the evaluation and had not had any routinely collected data by a therapist. Of those there was data on, ten had improved in their PHQ-9 scores over the programme engagement, while ten had deteriorated. Fifteen participants had improved in their GAD-7 scores over the programme engagement, while five had deteriorated or had no change.

## 6.5 Overall Programme Response Bias

### 6.5.1 Programme completers vs. non-completers

Across the three WWTW programmes, there were 172 participants who completed their programme and 61 who dropped out/disengaged. Table 9 below shows the comparison tests for the completers and non-completers who engaged in the baseline surveys (n=117). No significant differences were found between programme completers and non-completers in the five mental health and wellbeing outcome measures.

Table 9: Comparison of baseline mental health scores between completers and non-completers across all 3 WWTW programmes

Measures	Completers Median (range) n=91	Non-completers Median (range) n=26	MW-U Z	N
PHQ-9	12 (0-27)	13 (3-23)	0.950, p=0.3419	102
GAD-7	13 (1-21)	13 (0-20)	0.362, p=0.7173	102
WSAS	18 (0-40)	22 (5-38)	1.246, p=0.2128	100
ICECAP-A	0.686 (0.101-0.968)	0.849 (0.191-0.946)	1.827, p=0.0677	101
RRTW	39 (17-49)	38 (31-47)	-0.024, p=0.9810	81

*\*n may be less than evaluation total (n=117) due to missing baseline data*

### 6.5.2 Evaluation Response – Responders vs. non-responders

It was not possible to explore the differences in mental health and wellbeing between those who engaged in the evaluation and those who did not, because outside of the evaluation, data was only routinely collected by the Head Start therapists. Consequently, chi-square tests were carried out to explore associations between being evaluation response status and demographic characteristics. Table 48 in APPENDIX 5 shows that no

significant differences were found between those who engaged in the evaluation and those who did not.

### 6.5.3 Evaluation Response – Baseline only vs. more than baseline

Potential differences in baseline measures for those who responded only to the initial survey and those who went on to engage in subsequent surveys were explored. Table 10 below illustrates that no significant differences were found between those who engaged in the baseline survey and those who went on to complete further surveys.

Table 10: Comparison of baseline mental health and wellbeing scores between evaluation responders across all 3 WWTW programmes

<b>Measures</b>	<b>Baseline Median (range) n=32</b>	<b>&gt;Baseline Median (range) n=85</b>	<b>MW-U Z</b>	<b>n</b>
PHQ-9	12.5 (1-27)	13 (0-27)	-0.070, p=0.9439	117
GAD-7	13 (0-21)	13 (0-21)	0.101, p=0.9195	117
WSAS	17 (0-40)	22 (0-38)	-0.019, p=0.9851	115
ICECAP-A	0.732 (0.001-0.968)	0.696 (0.101-0.968)	1.020, p=0.3078	116
RRTW	39 (24-48)	39 (17-50)	0.610, p=0.5420	96

## **CHAPTER 7: Head Start Results**

### **7.1 About the programme**

Head Start was designed to complement other mental health services such as the NHS and other third-sector support (e.g. Combat Stress, Hidden Wounds) that may be unable to help ExSP due to geographical or waitlist difficulties. Head Start provision is most aligned with NHS-IAPT Step 3 high-intensity care which centres around the need for face-to-face sessions (Clark, 2011). WWTW source and fund accredited therapists, local to the beneficiary, for mild to moderate mental health problems (depression, anxiety, substance misuse, adjustment disorders, PTSD), providing them with more choice in how to manage their situation. ExSP are referred by their GP or from another organisation; self-referrals cannot be made. The primary aim of Head Start, is to stabilise the individual so they can re-engage with society and/or employment, for a more successful post-military life. On average, WWTW fund 12 to 18 sessions for each ExSP accepted onto Head Start, and mental health problems treated do not have to be service attributable. The therapists that WWTW source do not have to have military experience/knowledge, however all therapists are provided with guidance on working with those with a military background, including common acronyms and terminology to aid the therapeutic relationship.

The primary outcome for Head Start was clinically significant improvement at follow-up, in the primary presenting mental health problems, anxiety or depression. The secondary outcome for Head Start in this evaluation was personal improvement/recovery, whether the individual felt their life had positively changed.

### **7.2 Programme Specific Evaluation Procedure**

For the baseline measure, Head Start beneficiaries were required to complete the survey within four weeks of starting their therapy, to ensure as true a reflection as possible of their pre-programme mental health and wellbeing; before potential effects of treatment. Therapists routinely (although inconsistently) collected PHQ-9 and GAD-7 data during treatment (baseline, midway and end of treatment), and so midway measures are collected by the therapists and given to WWTW. Some participants had both therapist and evaluation data. Endpoint measures were required to be completed as close to their therapy end date as possible, up to four weeks after, after which point they were deemed non-responders. Like in NHS-IAPT services, these measures identified symptom groupings (e.g. severity) not diagnoses. Programme completion was defined as attending all funded therapy sessions. Follow-up measures were required to be completed three-six

months after therapy had ended. See Figure 16 and Figure 17 for programme data collection timelines.

It is worth noting that data collected by the therapist was subject to individual therapist variation. Most measures were reportedly administered with the participant during the session, while others gave their clients the measures to complete prior to their session. Therapist administration may result in exaggerated or underestimated scores, dependent upon therapeutic relationship, participant agenda, treatment anxiety, etc. Data on administration method was not collected.

Figure 16: Head Start data collection timeline for completers

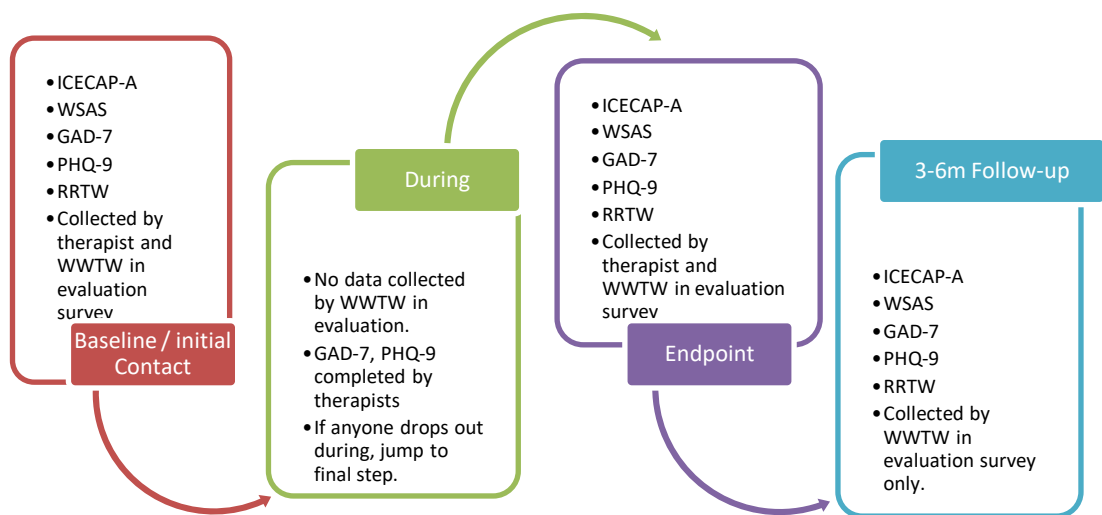
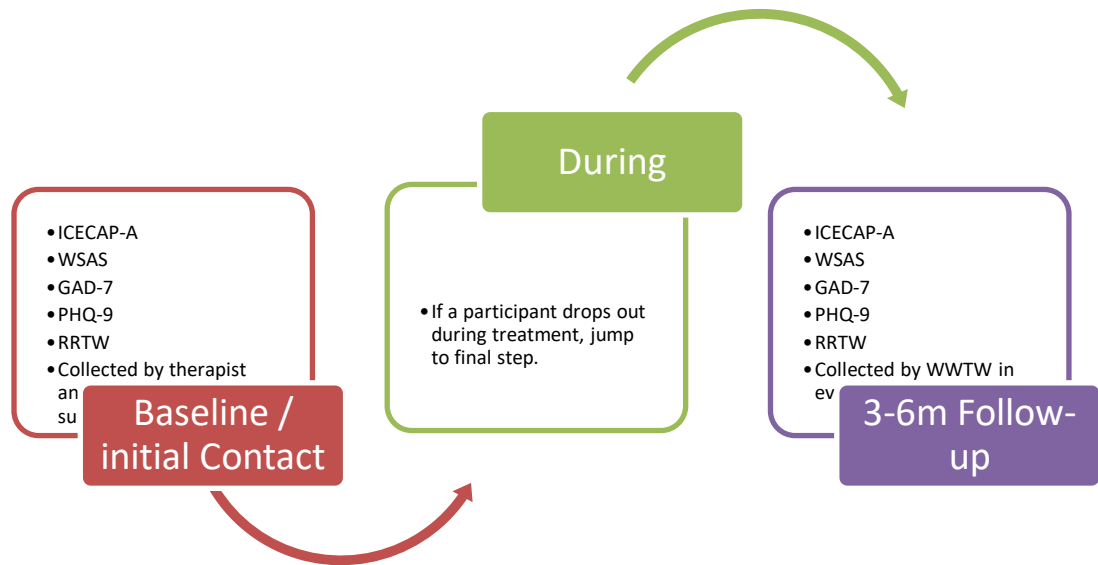


Figure 17: Head Start data collection timeline for non-completers (drop-outs)



## 7.3 Primary Aim – Quantitative Results

### 7.3.1 Programme Descriptives

To begin the results chapter for Head Start, descriptive statistics of the programme are presented. Table 11 illustrates data for all participants who engaged in the Head Start programme during the evaluation period, including those who did not respond to the evaluation. Symptoms of depression was the primary presenting concern for more than 50% of participants, with anxiety concerns making up just over a quarter (26.6%; the remainder was unknown due to missing data). The mean number of sessions attended was 9.9 (sd 4.62) with half of all participants having 7-12 sessions. A quarter of all participants attended one to six sessions and 16.6% were funded for more than the original allowance of 12 sessions. Just over three quarters of participants who engaged in the programme attended all their funded sessions, with half (52%) of those who were followed-up 3-6 months post-treatment, achieving a clinically significant reliable change in their anxiety symptoms, and a quarter achieving this change in their depression symptoms.

Table 11: Broad overview of Head Start programme (n=169 in programme; n=52 at follow-up in evaluation)

	<b>n (%)</b>	<b><math>\bar{x}(sd)</math></b>
Primary mental health problem**		
- Depression	98 (58)	n/a
- Anxiety	45 (26.6)	
- Unknown	26 (15.4)	
Number of sessions attended		<u>9.93 (4.62)</u>
- 1 – 6	40 (23.6)	3.35 (1.87)
- 7-12	85 (50.3)	11.12 (1.4)
- 13-18	27 (16)	15.96 (1.81)
- Unknown	17 (10.1)	
Head Start Status		
- Completed	131 (77.5)	n/a
- Dropped Out	23 (13.6)	
- Discharged	9 (5.3)	
- Ongoing	6 (3.6)	
Of those followed-up (n=52), achieved Primary Outcome		
- PHQ-9	13 (25)	n/a
- GAD-7	27 (52)	

*\*Totals may not add up to 169 due to missing data.*

*\*\*Therapist data alone was used for the primary presenting mental health problem, as their treatment plan was based on the measures they collected at the time of the first session.*

Table 12 presents the distribution of data between those who participated in the evaluation and those who had data collected by the therapist. Almost half (48.4%) of all participants in the Head Start programme engaged in the evaluation. Just over two thirds (68.4%) of those who engaged in the evaluation continued to follow-up. Five participants who completed their endpoint surveys, did not complete a follow-up survey (end of evaluation came first n=3; opted out n=1, non-responder n=1). However, two further participants completed their follow-up surveys at the end of the evaluation; one participant completed their Head Start programme but did not complete their endpoint survey in time, completing it at follow-up instead; and one participant dropped out of the Head Start programme (stopped attending their therapy sessions).

Table 12: Distribution of data across collection methods for PHQ-9 and GAD-7

	<b>Therapist Only</b>	<b>Evaluation Only</b>	<b>Therapist &amp; Evaluation data</b>	<b>Total N=169</b>
Baseline	81	4	72	157
Endpoint	59	5*	50	114
Follow-up	Not collected	52**	-	52

*\*1 participant that had therapist data at baseline, did not have therapist data at endpoint*

*\*\*2 participants completed baseline and follow-up, but not endpoint.*

### 7.3.2 Bias Analysis - Therapist Data

Therapist data was used to conduct comparison tests to explore potential biases in the data, see section 5.4.6.1 in the Methods Chapter 5. To ensure consistency/comparability of data collection methods, analyses for the evaluation have been conducted using evaluation data only, as follow-up data is not collected by therapists.

#### 7.3.2.1 Baseline Therapist data vs. Baseline Evaluation data

As baseline evaluation surveys may not have been completed at the first session (e.g. within four weeks before of first session), comparisons were conducted to examine whether the baseline evaluation surveys were potentially influenced by the initial treatment session. No significant differences were found between the baseline data collected by the therapist on the first session and the baseline data collected as part of the evaluation surveys, see Table 13. This provides reassurance that the variation in baseline completion date was not a cause for concern for the hypotheses.

Table 13: Comparison of therapist and evaluation baseline scores for Head Start participants

Measures	Therapist data, n=72 $\bar{x}(sd)$	Evaluation data, n=72 $\bar{x}(sd)$	t-test
PHQ-9	14.44 (6.07)	13.81 (6.53)	t(71)=1.1699, p=0.2460
GAD-7	13.36 (4.59)	13.06 (5.06)	t(71)=0.6524, p=0.5162
	<b>Median (IQR)</b>		<b>Z-test</b>
WSAS	23 (13-28)	22 (12-20)	Z=-0.141, p=0.8880

#### 7.3.2.2 Evaluation Responders vs. Non-responders

No significant differences in baseline health and wellbeing were found between those who engaged in the evaluation and those who did not, illustrating that overall participation bias did not appear evident, see Table 14.



Table 14: Comparison of baseline scores for Head Start participants who engaged in the evaluation and those who did not

Measures	Baseline Responder, n=76 $\bar{x}(sd)$	Baseline Non-responder, n=81 $\bar{x}(sd)$	t-test
PHQ-9	14.48 (6.04)	14.92 (5.05)	t(142)=0.4525, p=0.6516
GAD-7	13.42 (4.92)	12.75 (5.25)	t(142)=-0.8263, p=0.4100
WSAS	20.58 (10.45)	21.39 (8.57)	t(134)=0.4924, p=0.6232
ICECAP-A	0.50 (0.19)	0.57 (0.18)	t(66)=1.5785, p=0.1192

*\*The total n for each measure may differ based on missing data*

### 7.3.2.3 Completers vs. Non-Completers

Table 15 below demonstrates that there were no significant health and wellbeing differences between programme completers and non-completers, illustrating that there did not appear to be completion bias.

Table 15: Comparison of baseline mental health scores between completers and non-completers of the Head Start programme

Measures	Completers, n=126 $\bar{x}(sd)$	Non-completers, n=22 $\bar{x}(sd)$	t-test
PHQ-9	14.37 (5.8)	15.50 (5.53)	t(146)=0.8527, p=0.3952
GAD-7	13.13 (4.96)	13.00 (4.57)	t(146)=-0.1121, p=0.9109
WSAS	21.05 (9.87)	21.90 (7.25)	t(139)=0.3791, p=0.7052
ICECAP-A	0.53 (0.175)	0.48 (0.172)	t(66)=-0.8393, p=0.4043

### 7.3.3 Bias Analysis - Evaluation Data

#### 7.3.3.1 Baseline only vs. more than Baseline responders

Using only evaluation data, results presented in Table 16 indicate that there were no significant differences between those who only engaged in the baseline evaluation survey, and those who continued to later time points.

Table 16: Comparison of baseline mental health and wellbeing scores between evaluation responders in the Head Start programme (n=76)

Measures	Baseline only responder, n=19	>Baseline responder, n=57	t-test
	$\bar{x}(sd)$		
PHQ-9	14.47 (7.87)	13.68 (6.29)	t(74)=0.4441, p=0.6583
GAD-7	12.42 (6.16)	13.04 (4.99)	t(74)=-0.4369, p=0.6634
	Median (IQR)		U-test
WSAS	18 (9 – 36)	22 (12-29)	U=0.180, p=0.8575
ICECAP-A	0.777 (0.448-0.929)	0.709 (0.453-0.784)	U=1.335, p=0.1819
RRTW	38 (34-41)	37 (32-41)	U=0.556, p=0.5780

\*The total n for each measure may differ based on missing data

### 7.3.4 Hypothesis One

*There will be a clinically significant and reliable improvement in the mental health measures for Head Start, between baseline and follow-up, and change scores will be significantly greater for those who completed their programme compared to those did not complete their programme.*

Hypothesis one tests change at the group level, within the participants, with the intention to compare change at the individual level. However, it was not possible to test the second part of this hypothesis due to low numbers of those who did not complete their programme (with descriptive data available). Therefore, examining those who completed their treatment and were followed-up, the mean differences were analysed between baseline measures and the end of treatment, and follow-up, see Table 17. The analyses showed that for the GAD-7, the mean change between baseline and endpoint, and baseline and follow-up was clinically reliable and statistically significant (of four-points or more), indicating that on average participants achieved the primary outcome of the Head Start programme for anxiety (4.13,  $p<0.0001$ ). For the PHQ-9 however, the mean change was less than that of clinically reliable change of six-points or more at either endpoint or follow-up, indicating that on average the primary outcome was not met in Head Start for depression.

Effect size calculations using Cohen's  $d$  were used to estimate the size of the potential differences after engaging in the Head Start programme, Table 17. Effect sizes reflect the findings above, whereby a high and significant effect at was achieved at follow-up for anxiety symptoms (0.71; 0.34-1.07), and a moderate effect for depression symptoms (0.42; 0.06-0.78).

Table 17: Mean change in the primary outcomes measures, between baseline, endpoint and follow-up time points, only for those who followed-up (n=52)

	PHQ-9			GAD-7		
	t-test	$\bar{x}$ change (sd)	d (95% CI)	t-test	$\bar{x}$ change (sd)	d (95% CI)
Baseline to endpoint	t(49) = 4.4184, p=0.0001	3.46 (5.54)	0.52 (0.13 – 0.92)*	t(49) = 7.9787, p=0.0000	5.16 (4.57)	0.99 (0.58 – 1.40)*
Baseline to follow-up	t(51) = 3.7259, p=0.0005	2.38 (4.61)	0.42 (0.06 – 0.78)*	t(51) = 6.2569, p=0.0000	4.13 (4.77)	0.71 (0.34 – 1.07)*

\*significant at p-value 0.05

With the above information considered, hypothesis one was rejected for depression as measured by the PHQ-9 and accepted for anxiety as measured by the GAD-7. Table 18 and Table 19 present frequencies of cases and non-cases across the data set of those followed-up to the end of the evaluation (n=52). For the PHQ-9, 75% participants were cases at baseline, decreasing to 48% at endpoint and increasing slightly to 56% at follow-up. For the GAD-7 however, the trajectory was a relatively steady decline; 83% of participants were cases at baseline, decreasing to a steady 48-50% at midway, endpoint and follow-up.

Table 18: Descriptive statistics for cases and non-cases for the PHQ-9 over all time points for those followed up at 3-6 months, in the Head Start programme (n=52)

PHQ-9	Overall $\bar{x}$ (sd)	Cases ( $\geq 10$ ) n (%)
Baseline (n=52)	13.35(6.31)	39 (75)
Midway* (n=42)	10.98(6.48)	22 (52)
Endpoint (n=50)	9.74(7.33)	24 (48)
Follow-up (n=52)	10.96(7.26)	29 (56)

\*Therapist data

Table 19: Descriptive statistics for cases and non-cases for the GAD-7 over all time points for those followed up at 3-6 months, in the Head Start programme (n=52)

GAD-7	Overall $\bar{x}$ (sd)	Cases ( $\geq 8$ ) n (%)
Baseline (n=52)	13.02(4.96)	43 (83)
Midway* (n=42)	10.31(5.23)	21 (50)

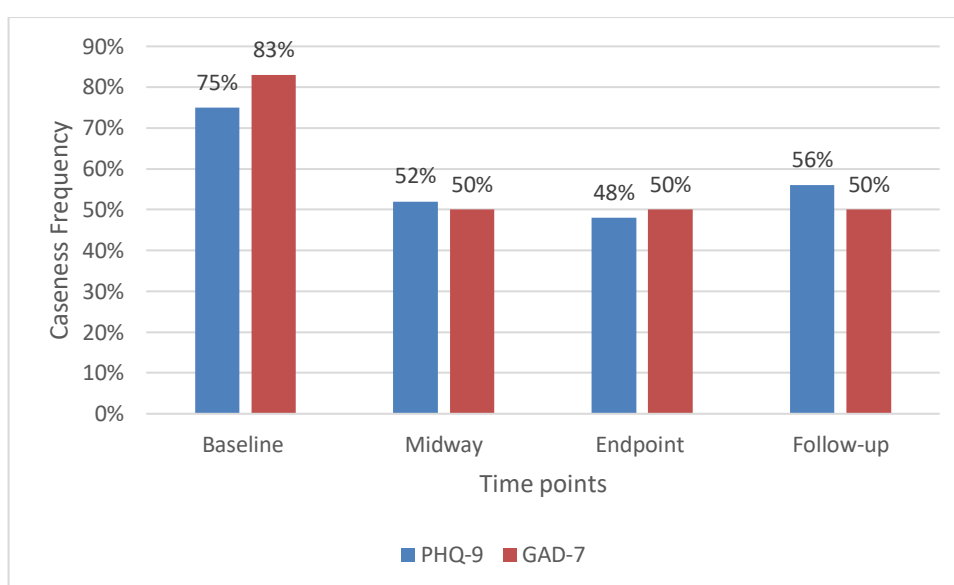
Endpoint (n=50)	7.76(5.62)	25 (50)
Follow-up (n=52)	8.88(6.13)	26 (50)

*\*Therapist data*

*\*\*Time points may not add up to 52 due to missing data.*

Figure 18 below helps to illustrate the above findings. Overall, there was a 19% reduction in caseness to follow-up for the PHQ-9 after engaging in the Head Start therapy programme (although the mean score was higher at follow-up compared to baseline). There was a 33% reduction in caseness over time for the GAD-7.

Figure 18: Graph to illustrate caseness across time points for the PHQ-9 & GAD-7



A secondary aim was to explore how functional impairment was affected by treatment. The analyses in Table 20 below shows that for the WSAS, although statistically significant, the mean change between baseline and endpoint or follow-up was not clinically significant (of eight-points or more, according to Zahra et al. (2014a)), with mean improvement in functional impairment of 6.30 points at endpoint and 5.44 points at follow-up ( $p < 0.0001$ ). Effect sizes however, were significantly moderate at both endpoint and follow-up (0.67 and 0.52 respectively).

Table 20: Mean change in the WSAS between baseline, endpoint and follow-up time points, for those who were followed-up (n=52)

	WSAS		
	t-test	$\bar{x}$ change (sd)	d (95% CI)
Baseline to endpoint	t(46) = 5.9043, p=0.0000	6.30 (7.31)	0.67 (0.26 – 1.08)*
Baseline to follow-up	t(49) = 5.5542, p=0.0000	5.44 (6.93)	0.52 (0.15 – 0.88)*

As it was not possible to test change at the individual level, between participants (due to insufficient numbers for those who did not complete their Head Start programme), individual level descriptive data is presented below for those who did complete their programme to gain an understanding of individual level change. Table 21 shows that of those who completed their Head Start therapy programme, 25% (n=13) achieved the primary outcome as measured by the PHQ-9, a reduction of six-points or more between baseline and follow-up, and 51.9% (n=27) achieved the primary outcome as measured by the GAD-7, a reduction of four-points or more. It appeared that 11.3% more participants at the end of their treatment than at follow-up achieved reliable change, as symptom scores subsequently increased after treatment.

Table 21: Frequency of participants achieving clinically significant improvement and recovery<sup>9</sup> at endpoint and follow-up, for those who were followed-up and completed their programme, n=52

	PHQ-9 n (%)	GAD-7 n (%)
<b>Reliable Change (Improvement)</b>		
Endpoint (NHS standard)	20 (36.30)	37 (67.30)
Follow-up (primary outcome)	13 (25.00)	27 (51.90)
<b>Recovery</b>		
Endpoint (NHS standard)	18 (34.62)	
Follow-up	14 (26.92)	
<b>Reliable Recovery</b>		
Endpoint (NHS standard)	12 (23.08)	
Follow-up	8 (15.40)	

In order to make NHS comparisons, Table 21 above presents recovery data for Head Start. Table 21 illustrates the strictness of the 'reliable recovery' definition, whereby only 12

<sup>9</sup> Reliable change – Clinically significant and reliable improvement ( $\geq 6$  points for PHQ-9,  $\geq 4$  points for the GAD-7).

Recovery - Change from being a baseline case to a post-treatment non-case, both measures, or one measure with no deterioration on the other measure. Reliable recovery is improvement *and* recovery on *both* measures.

participants (23.08% of follow-up participants) who achieved reliable change in depression symptoms at the end of treatment, could be considered as having reliably recovered by NHS guidelines. Using this same guideline for follow-up data, recovery was not sustained, with only 8 of these 12 participants maintaining a significantly reliable recovery.

To gain a deeper understanding of the mental health of those who go through the Head Start programme, looking at each disorder in isolation (contrary to the NHS), Table 22, Table 23 and Table 24 illustrate the change in caseness ( $\geq 10$  for PHQ-9 and  $\geq 8$  for GAD-7) and score groupings ( $< 10$ , 10-20,  $> 20$  for WSAS) across time. Although 13 participants achieved their primary outcome as measured by the PHQ-9 (reliable change at follow-up), only 10 moved from being a case at baseline to not being a case at follow-up, indicating that the remaining three participants reduced their symptoms by six points or more but were still above caseness threshold for the PHQ-9 ( $\geq 10$  points). Similarly, for the GAD-7 measure, although 27 participants achieved the primary outcome, only 17 moved from being a case to not a case. For the WSAS, nearly half (44%,  $n=18$ ) of all participants scored above 20 at baseline and did not improve by follow-up. Just over a third however (32%,  $n=13$ ) did improve over time dropping down a score category, with the rest (24%,  $n=10$ ) remaining stable.

Table 22: Frequency of caseness change between baseline and follow-up for the PHQ-9,  $n=52$

<b>PHQ-9 n(%)</b>	<b>Baseline</b>	<b>Follow-up</b>
<b>Case (<math>\geq 10</math>)</b>	38 (75)	28 (55)
<b>Not a case</b>	13 (25)	23 (45)

*\*Total may not add up to 52 at follow-up, due to missing data*

Table 23: Frequency of caseness change between baseline and follow-up for the GAD-7,  $n=52$

<b>GAD-7 n(%)</b>	<b>Baseline</b>	<b>Follow-up</b>
<b>Case (<math>\geq 8</math>)</b>	42 (82)	25 (49)
<b>Not a case</b>	9 (19)	26 (51)

*\*Total may not add up to 52 at follow-up, due to missing data*

Table 24: Frequency of score grouping change between baseline and follow-up for the WSAS, n=52

Baseline	WSAS n(%)	Follow-up			
		<10	10-20	>20	Total
	<10	6 (15)	0	0	6 (15)
	10-20	4 (10)	4 (10)	0	8 (20)
	>20	3 (7)	6 (15)	18 (44)	27 (65)
	Total	13 (32)	10 (25)	18 (44)	41

\*Total may not add up to 52 at follow-up, due to missing data

### 7.3.5 Hypothesis Two

*The demographic profile of participants who achieve their primary outcome for their programme will differ from participants who do not achieve the primary outcome.*

The primary outcome for Head Start was to achieve reliable change in the primary presenting mental health problem at follow-up. Table 49 in APPENDIX 5 illustrates relationships between demographic characteristics and the achievement of the primary outcome. There was a significant association between achieving reliable change on the PHQ-9 and rank (11.2584,  $p<0.01$ ) and service branch (9.0581,  $p<0.05$ ). Significant associations were also found between achieving reliable change on the GAD-7 and type of discharge (4.0437,  $p<0.05$ ).

### 7.3.6 Hypothesis three

This hypothesis was for First Steps and Home Straight only.

### 7.3.7 Hypothesis Four

*Improvement in scores on the ICECAP-A will be associated with achieving programme related primary outcomes.*

Table 25 illustrates overall capability wellbeing as measured by the ICECAP-A for participants in the Head Start programme across the five attributes<sup>10</sup>. Table 25 shows that on average participants were at a mid-point between no capability and full capability

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<sup>10</sup> ICECAP-A domains: Stability (the ability to feel settled and secure); Attachment (the ability to have love, friendship and support); Autonomy (the ability to be independent); Achievement (the ability to achieve and progress); and Enjoyment (the ability to have enjoyment and pleasure). Scores range from 0-1, with 1 indicating full capability in life.

across the three time points, although it appeared to reduce over time. Participants decreased in capability over time, with lower scores at follow-up than at baseline, for all five attributes, suggesting worsening personal wellbeing after treatment. Contrary to the other attributes, the attachment attribute increased at endpoint, but then decreased by follow-up. A paired t-test revealed a statistically significant deterioration in scores between baseline and follow-up ( $t(49)=5.3580$ ,  $p=0.0000$ ).

Table 25: Comparative table of mean ICECAP-A domain tariff values across time for Head Start for those who were followed-up (n=52)

Timepoint	Overall	Stability	Attachment	Autonomy	Achievement	Enjoyment
$\bar{x}(sd)$						
Baseline	0.635 (0.224)	0.173 (0.05)	0.129 (0.082)	0.086 (0.059)	0.127 (0.046)	0.124 (0.052)
Endpoint	0.489 (0.261)	0.140 (0.065)	0.133 (0.064)	0.072 (0.062)	0.108 (0.048)	0.087 (0.065)
Follow-up	0.516 (0.278)	0.127 (0.068)	0.103 (0.082)	0.078 (0.06)	0.114 (0.053)	0.092 (0.063)

Table 26 below presents the WSAS data (functional impairment) across time points for participants who were followed-up (n=52) and stratified by meeting the primary outcome; achievement of clinically significant and reliable change at follow-up (reduction of  $\geq 6$  points for the PHQ-9 and  $\geq 4$  points for the GAD-7). The overall trend was a decline in WSAS over time, with a slight increase between endpoint and follow-up. However, when this was stratified by primary outcome and outcome measure, this slight increase appeared to be primarily accounted for by those who did not meet the primary outcome for anxiety symptoms. Median baseline scores were consistent across measures for each time point, but the median scores were much lower for those meeting their primary outcome in anxiety and depression symptoms, compared to those who did not meet their primary outcome. A Wilcoxon Signed-Rank test revealed a statistically significant improvement in scores and significant moderate effect sizes between baseline and endpoint ( $Z=4.863$ ,  $p<0.0000$ ;  $d=0.64(0.27-1.00)$ ) and baseline and follow-up ( $Z=4.765$ ,  $p=0.0000$ ;  $d=0.52(0.15-0.88)$ ).



Table 26: WSAS scores over time stratified by primary outcome, for those who were followed-up (n=52)

	Baseline	Endpoint	Follow-up
	Median (IQR)		
<b>Overall</b>	22 (13-28)	11 (4.5-24.5)	13 (5-26)
<b>PHQ-9</b>			
- Met PO	22 (18-25)	9 (5-14)	8 (6-18)
- Did not meet PO	22 (12-29)	12 (4-25)	18 (5-27)
<b>GAD-7</b>			
- Met PO	22 (12-28)	9 (5-19)	11 (4-20)
- Did not meet PO	23 (16-29)	12 (3-26)	22 (6.5-27.5)

\*PO – Primary Outcome

Data above indicated a significant change between baseline and follow-up as measured by the ICECAP-A and the WSAS and this change was dependent upon changes in the PHQ-9 and GAD-7. Two sample t-tests (see Table 27) showed that there was indeed a significant difference in scores between those who achieved their primary outcome and those who did not, with the exception of GAD-7 and the ICECAP-A (PHQ-9 and WSAS,  $t(48)=3.1527$ ,  $p=0.0028$ ; PHQ-9 and ICECAP-A,  $t(48)=2.2025$ ,  $p=0.0352$ ; GAD-7 and WSAS,  $t(48)=2.1259$ ,  $p=0.0387$ ). Consequently, hypothesis four was accepted.

Table 27: Comparison of mean WSAS scores at follow-up between employed and not employed participants (n=51)

	Met Primary Outcome (Reliable Change) $\bar{x}(sd)$	Did not meet Primary Outcome (<reliable Change) $\bar{x}(sd)$	t-test
<b>WSAS</b>			
PHQ-9	10.23 (6.61)	3.75 (6.29)	$t(48)=3.1527$ , $p=0.0028$
GAD-7	7.30 (7.14)	3.26 (6.11)	$t(48)=2.1259$ , $p=0.0387$
<b>ICECAP-A</b>			
PHQ-9	0.215 (0.181)	0.098 (0.157)	$t(48)=2.2025$ , $p=0.0352$
GAD-7	0.150 (0.183)	0.106 (0.170)	$t(48)=0.9111$ , $p=0.3668$

\*Number in analyses may not add up to 52 due to missing data

## 7.4 Secondary Aim – Qualitative Programme Feedback

The secondary research aim for the study was to gather qualitative data for participants who engaged in the qualitative interviews, to gain a more detailed understanding of the experiences of WWTW clients.

### 7.4.1 Prior Support

There appeared to be a strong sense of disillusionment with mainstream health and social care services. Approximately half of the participants sought professional support prior to engaging with WWTW, and those who had been treated through the NHS, generally had negative experiences of not being understood by civilian professionals or felt as though they were treated as a tick box exercise (e.g. meeting an AF Covenant commitment<sup>11</sup>) before being recommended more specialist services in the charitable sector.

*“... yeah they were just trying to like tick a box in terms of you know I... I’d go there for an hour, like sit there you know” – MIKE*

*“...the practitioner I got through the (umm) NHS (umm) just did not seem to have any understanding either of the military or indeed my condition...assessed me and recommended that I should be treated by (umm) or seen by the staff at [veteran charity]” – JEAN*

Several participants bypassed mainstream services altogether, either having engaged with military mental health professionals and thus felt they knew what they wanted or needed (and the NHS was not part of that), or they felt that civilian professionals were simply unable to provide the level of treatment and understanding required (as suggested in the literature). It seemed that there was a strong held belief that although they would not really know their therapist, a military specific therapist would instantly understand, and ‘know’ them.

*“...it was probably... probably best going straight to like a... military thing just because it was probably a bit more clued up as to you know what maybe going on as opposed to sort of my local doctor who I’d never met!”  
– MARCUS*

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<sup>11</sup> A social and moral commitment between society and the Armed Forces community, to ensure that those who serve(d) and their families are treated fairly.

Of those who sought help straight from the charitable sector, most had been discharged for less than five years except for one participant, who had left more than 20 years earlier (and was therefore older than his programme peers, 54 years). The difference for this participant was his dishonourable discharge, and he sombrely talked about personnel in his day coming from broken homes being indoctrinated into the AF, made to believe/think/feel a certain way and to maintain the AF resilience, to “*just get on with it*” when issues arose. He reflected on deliberately isolating himself and not understanding himself believing that no one else would either.

Experiences of the military mental health system were reportedly less than favourable, which participants felt reflected the resilience culture instilled in personnel from the start. They felt their treatment was rushed or not fully acknowledged but that the military needed to be seen doing something.

*“...I don’t know, there was no input from the Army as far as I was concerned, it was just like right you’ve detoxed, right let him go, get out”*  
– JONATHAN

#### **7.4.2 Reason for Referral**

The mean number of years since leaving the AF in this sample was 13.36 (sd10.75). Although a service attributable mental health problem is not a condition of treatment in Head Start, all participants stated that their problems were related to their service to some extent. Additional to everyday difficulties of their mental health related concerns (e.g. sleep problems, anger), participants frequently cited other life issues as the driving force behind seeking help from WWTW. For example, when other aspects of their lives were being affected, most often family and relationship problems, followed by financial and employment difficulties, and social and substance misuse problems.

*“My wife doesn’t work at the moment, I’ve got two young children. My life was (umm) up in the air and that was obviously a vicious cycle of anxiety... it’s a lonely world when you... when you can’t do anything. And I just want to work, I just... even to the point where I’d work for nothing just to get out of the house”. – JEAN*

*"I'd just got banned from driving previously as well, you know over... 2003  
to... you're talking about fourteen years of drinking so..." – JONATHAN*

Participants revealed the point of crisis they felt they were in to have initiated the process of seeking help. For some this was the first time, while others were hoping to better manage their mental ill health after previous failed attempts. Those who expressed other life stressors driving their decision to seek help, had all sought help before, unsuccessfully. For those who mentioned only mental health related concerns, this had been their first point of help-seeking.

### **7.4.3 Programme Accessibility**

#### **7.4.3.1 Referral Process**

Most participants reported that they had found it easy to engage with the charity and positively commented on the speed and efficiency of their referrals; several direct comparisons to the NHS were made showing WWTW in a positive light. Participants reported being assessed via email questionnaire, being kept informed during the whole referral process.

*"The actual (umm) process was... was very painless really. It was... (umm)  
just a couple of phone calls, (umm) a referral, a telephone conversation".  
– PETER*

#### **7.4.3.2 Locality**

One of the main advertising points of Head Start is a therapist in close proximity to client's home town; most participants cited this as a significant advantage. This only became an issue for one participant who lived in a remote part of the UK, and consequently there were few therapists to choose from. However, this was met with understanding.

*"...they were very conscious that the extra stress of you know if I had to  
travel twenty, thirty miles to go and see someone. But they... we actually  
had a... the therapist was in... in my home town which is really good". –  
MARCUS*

#### 7.4.4 Therapist

##### 7.4.4.1 Military Awareness

It appeared that some participants had initially attributed previous failed mental health care to have resulted from civilian healthcare professionals having a lack of military awareness. Despite a desire for military specific therapists (as expressed above), more than half of participants felt that a thorough understanding of mental illness and an individualised approach with an appreciation of where they may be coming from was just as beneficial. The military 'front door' of WWTW (veteran specific entry point for gaining support) was helpful in initial help-seeking, but after experiencing a positive therapeutic relationship with a therapist through the Head Start programme, they acknowledged that military awareness may not be essential.

*"...the lady I saw at Walking With The Wounded I remember expressing that she has no experience with dealing with ex-military. But I would see her again any day, she was fantastic. So it does help, but it's not always necessary if you have the right person." - JEAN*

Conversely, a few participants believed that too much military knowledge or background would adversely affect the process, making them feel as though they were back in the AF, with the expectation to "just get on with it" (ROGER). ExSP described feeling judged or stereotyped by their therapist, ignoring individual experience, with too much military concentration. This feeling was particularly coherent with participants who had a negative memory of their career, either their service experience or discharge, wanting to be avoid feeling like a subordinate service person again.

*"...because they... like the initial bit, when you don't have to open up, it's good....I just feel like when I open up on it, it was good to have it more civvy. ...I felt that's better because (umm) because of the way I feel about the military it would... having someone that was speaking to me fully in military lingo and getting everything I've said and... it might have made me start thinking that this is more than a medical point that I used to do in the military than somebody helping me outside now. So it was... she knew bits but it was good that she wasn't fully militarised if that makes sense." - MARCUS*

*"...you don't want them to be too militarised. You know (umm) so you want them to have some understanding of it, but not (umm) you know not so much that you feel intimidated like it's a military kind of thing". – JONATHAN*

#### **7.4.5 Therapeutic Relationship**

Experiences were mixed as to the therapeutic alliance participants developed with their therapist and the impact this had on the success of their treatment. Two-thirds of participants expressed the positivity they felt from developing a good therapeutic relationship with their therapist, helping them open up. This was a surprise to some, who were not anticipating a bond with a civilian professional.

*"You know she was... she was brilliant. (umm) She was very... she... I can't speak highly enough of her! (umm) there was no (umm) assumption that being ex-military you're one thing or another. (umm) So yeah, no it flowed quite well. In fact I really enjoyed my time with her and yeah to be honest I'd paid to go and see her if I needed to. (umm) I thought she was that good to be honest". – JEAN*

Conversely, several participants had quite opposite experiences. Participants took from the sessions what they could but felt they needed further help from other services afterward. Although it appeared from earlier comments that a non-military aware therapist was preferred by some, the firmer approach that they were familiar with from their time in service resonated with them more than a softer approach. The box-ticking/clock-watching feeling was expressed here too as it was about the NHS.

*"I... couldn't... quite take to the lady. Pleasant lady, but she wasn't quite for me. She was a bit (umm) a bit lovey, a bit gushy, a bit... you know I (sigh)... I needed perhaps somebody who was a little bit not... not too firm, but a little bit more" – CALLUM*

*"Successful? No, it's not a word I'd use. (umm) Do I feel like I've benefitted from them? Not really...he had empathy and sympathy for like some of the things I was telling him about. But he didn't really help... give me any solutions to try and help me or battle it." – HAMISH*

One participant however, was unable to develop a bond and felt the therapy was inadequate for their needs, so much so that they decided to withdraw from the programme.

*"The therapist wasn't very good, but (laugh) that's a different matter! (laugh). He... he was pretty much doing what [another service] were doing which was all about coping methods, triggers, (umm) and things like that. He... what he did help. But it was very repetitive. (umm) ...It wasn't therapy like I thought it was going to be... I did about six sessions and then I stopped going" – PETER*

#### **7.4.6 Mismatch in expectation/understanding**

It seemed that there was a lack of clarity on how participants were assessed for the number of sessions they needed, and what happened at the end of treatment. During the interviews, two participants expressed that they felt they were still in need of support, with unresolved issues, but that their funding had ended. They felt unsure as to the purpose of the measures being taken and why further funding was not granted.

*"I think that there is scope for two or three more but I think obviously she maybe felt that I didn't need them" – SHAUN*

Confusion was mentioned by almost all participants, about what happens after the therapy ends; were they expected to let WWTW know how they got on or were they to receive a follow-up. A few participants were surprised, disappointed and concerned by the perceived inability to return for further help, if required later down the line.

*"I don't know... that they feel that there's still issues that maybe need to be addressed or... you know... just to summarise it really, you know... little or no follow-up since then. It's kind of like you've done your therapy, there you go." – MARCUS*

*"... basically I was told you've got to go back to square one, there's no sort of jumping back in (umm). But (sigh) you know it was a bit concerning" – CALLUM*

Except for one participant who was below caseness for both anxiety and depression throughout their treatment, those who expressed this concern about later distress and further sessions, had less than 12 sessions and did not achieve their primary outcome of reliable change for either anxiety or depression.

#### 7.4.7 Follow-up Contact

A prominent theme that spontaneously emerged from the transcripts was a lack of follow-up contact. The only contact they believed they had received were the evaluation surveys which were sent three-six months after their final therapy session. This was mentioned by both participants who had positive and negative programme experiences. Some felt that this tainted their overall experience, while others felt it was a shame, but they would continue to recommend WWTW to anyone who had served.

*"I did about six sessions and then I stopped going. There's been no sort of real follow-up from them...it put me sort of in a bit of a negative mood really because they'd been so fantastic up to that point and it sort of... the aftercare I suppose of the... the therapy wasn't really there. They haven't even come to me to find out what actually happened or why my therapy stopped or anything like that." – PETER*

*"...when it was sort of the last session that's kind of been it sort of thing. It just kind of sort of ended....I did twelve sessions and then this... I'll be honest, since then it's kind of like fizzled out, if I'm honest". – MARCUS*

Some of the feedback provided when asked to elaborate on this issue, was the loneliness after therapy and not knowing where to go from there especially if they needed further support and were not able to pick up where they left off with their funded therapist.

*"...because it was quite a long period of time and you're having the therapy...But then it's a lonely world after that. If that makes any sense? Well I think... I'd hate the thought of with it being a charity, that money is wasted, if that makes sense? I don't know (umm) the odd phone call instead of an email asking how are you doing, is there anything else? – JEAN*



## 7.4.8 WWTW Profile

### 7.4.8.1 Knowledge of the charity

Most participants admitted to not having known much about WWTW prior to their referral. Some participants had heard of them, but their understanding was limited. Of those who were aware, it seemed that the famous expedition campaigns<sup>12</sup> led some participants to believe they were only a fundraising charity, funding other charities to provide care.

*“I always imagined it was a charity that was more focussed on those who were at probably the PTSD end (umm) of being serious mentally impaired and/or physically. And of course its great profile is it’s associated with people (umm) doing extreme expeditions (umm) who are physically disabled as a result of conflict. So I didn’t know they offered this sort of lower, lower scale support”. – JACOB*

Due to their profile and these expeditions, participants reported never having considered the charity for support due to not being physically wounded or in ‘extreme need’, and that they were not deserving of their support.

*“I did struggle (umm) to be honest with receiving help from Walking With The Wounded because I felt that you know I’d been in the forces so long ago (umm) (sigh) and I hadn’t been a frontline combat (umm) servicemen... that I... I felt I was cheating the system a little bit. I... and that bothered me” – CALLUM*

### 7.4.8.2 Attribution of support

Despite knowing little about WWTW prior to receiving support from them, participants were still not fully aware of the role that WWTW played in their therapy support. Some participants talked interchangeably about several charities, while two participants spoke specifically about another charity, believing they were the organisation behind the support.

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<sup>12</sup> WWTW expeditions, such as Everest in 2012, the North and South Pole in 2011 and 2013, and the Walk of America this year - <https://walkingwiththewounded.org.uk/Home/About/62>

*"...not really (umm) that aware because like I said they... they actually sort of subbed it out to another charity". – PETER*

*"I mean like I say originally I went to [another charity] so I... it was... it was quite... I thought they were all kind of linked, it wasn't until afterwards I realised that this Walking With The Wounded was the ones that were... that were driving it". – MARCUS*

## 7.5 Head Start Discussion

Head Start is a mental health focused programme by WWTW, that provides a local therapist for ExSP who are suffering from mild to moderate mental health problems, but this does not have to be because of service.

### 7.5.1 Summary points

- The primary presenting problem for ExSP in Head Start was depression followed by anxiety. Most ExSP had sought prior support but expressed a strong sense of disillusionment with service provision, both NHS and through the AF. They believed a military charity may provide better support, finding the military 'front door' helpful though in initially asking for help.
- Most participants stated that they wanted a military aware therapist before treatment but realised this was non-essential for effective mental health treatment, with ExSP claiming that they would return to see their non-military aware therapist again should they need support in the future. Some however, did later contradict themselves by stating that military knowledge was vital in truly understanding ExSP.
- One fifth of ExSP who engaged in Head Start changed from being a clinical case for depression to being subclinical after treatment, with just over a third achieving that same change for anxiety.
- Significant symptomatic improvement was sustained to follow-up for anxiety. For depression however, while the change was statistically significant, it did not meet the primary outcome definition of clinically significant change (>6 points) at follow-up.
- ExSP significantly improved in their functioning after having engaged in Head Start which was sustained (despite a slight decline from end of treatment to follow-up). Functional improvement was dependent upon clinically significant symptomatic improvement.
- Rank, service branch and type of discharge were significantly associated with making symptomatic mental health improvements.
- There was substantial ambiguity surrounding the understanding of the number of sessions funded and the need for further treatment. ExSP expressed concern and disappointment at the lack of follow-up contact and described feeling lost afterward. Not receiving expected follow-up contact was reported to have tainted positive experiences.

### 7.5.2 Contextualised discussion

The primary presenting health problems for beneficiaries of Head Start are anxiety and depression. Clinically reliable improvement three to six months after treatment was used as the primary outcome in this evaluation for these conditions, alongside functional improvement. Sustained, clinical improvement in anxiety symptoms was found in just over half of participants, and whilst symptoms of depression improved at the end of treatment, the effect was not sustained. Head Start was found to be effective for anxiety symptoms with long-term positive outcomes; however, whilst there were sustained improvements in depressive symptoms these were not likely to be clinically significant using standard criteria measures for improvement of symptoms of depression. We also found that Head Start led to significant sustained improvements in functioning for both disorders. Improvements in functional impairment were found to be dependent upon improvements in anxiety and depression symptoms.

The average ExSP in Head Start was a Non-Commissioned Officer from the Army, approximately 44 years old (ranging 27-68 years old), who served more than five years, discharging voluntarily between over 13 years earlier, and who was now in a relationship. This is a similar sample to other veteran help-seeking groups (Clarkson et al., 2016; Murphy, Ashwick, et al., 2017) and is representative of the cohort of UK personnel studied who served in Iraq and Afghanistan (Stevellink et al., 2018). The average age in Head Start however, is contrary to previous literature that suggests younger personnel are at a greater risk of needing support (Fear, Jones, et al., 2010), which may reflect the length of time to seek help.

Step 3 high-intensity (HI) NHS-IAPT services are the closest mainstream services to Head Start, and evidence from existing veteran IAPT provision and the general population was gathered to explore how this evaluation broadly compares. The primary outcome for this evaluation was not designed to reflect the NHS outcome definition of recovery, as defining improvement<sup>13</sup> and recovery<sup>14</sup> (and thus success) in this way is quite restrictive, missing individuals who make (and sustain) substantial improvements but may have not fallen below caseness threshold, possibly due to higher baseline scores. This definition also does not account for post-treatment deterioration as it marks recovery at the final treatment

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<sup>13</sup> Improvement - Clinically significant and reliable change between baseline and end of treatment, of  $\geq 6$  points for PHQ-9 and  $\geq 4$  points for the GAD-7, beyond the measurement error of the scale, on both scales, or on one without deterioration on the other scale.

<sup>14</sup> Recovery - Change from being a baseline case to a post-treatment non-case, on *both* the PHQ-9 and the GAD-7. Reliable recovery is improvement *and* recovery together on *both* measures.

session rather than measuring at a follow-up point. However, NHS defined improvement and recovery rates for Head Start were calculated for comparable purposes (although literature provides inconsistent levels of data to compare to). There was a 76.9% rate of *improvement* in Head Start at the end of treatment (dropping to 69.2% at follow-up) which compared favourably to 60-62.5% for NHS-IAPT general population (Clark et al., 2018; a review of >200 sites)<sup>15</sup>. A 23.1% *reliable recovery* rate was found for Head Start at the end of treatment (dropping to 15.4% at follow-up), which compared unfavourably to mean *reliable recovery* rates in the general population of 42-44% (Clark et al., 2018). NHS Digital (2018) and Richards and Borglin (2011a) provide a '*recovery*' rate (not reliable recovery) for the general population of 45.9% (HI only) and 55.4% respectively, while Clarkson et al. (2016) provides a *recovery* rate of 57% for the veteran population, which are all higher than Head Starts' *recovery* rate of 25% at the end of treatment (dropping to 20% at follow-up). Using the NHS definition for *recovery* but for each disorder in isolation (not taking into account outcomes for the other disorder), Clarkson et al. (2013) showed that 30% recovered from symptoms of anxiety compared to 33% of participants in Head Start, and 33% recovered from symptoms of depression compared to 23% for Head Start. Interestingly, Head Start results showed a similar pattern to another veteran mental health service evaluation (Veterans First Point Scotland; Irvine Fitzpatrick, Prior, & Forsyth, 2018) whereby depression mean change scores were below that of reliable clinical improvement for treatment of less than six-months but were greater than the clinical improvement threshold for treatment lasting more six-months.

It is important to remember however, regardless of the comparator, that the rates of recovery observed in the current evaluation were above (although only slightly) the 5-20% estimation for natural recovery or for minimal intervention (Clark, Layard, & Smithies, 2009; Posternak & Miller, 2001).

As NHS-IAPT measure recovery at the end of treatment, few services follow-up patients to measure long-term outcomes, which consequently means there is limited evidence with which to compare the longer-term effects of Head Start. Upon the introduction of IAPT, the UK government commissioned two pilot studies (two separate sites) with a one-year follow-up to assess its feasibility and effectiveness, and demonstrated success although with slight variation (Clark et al., 2009). Interestingly, both sites achieved mean change scores above the level of clinical improvement (7.2 for PHQ-9 and 6.0 for GAD-7) at the

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<sup>15</sup> It is important to note that IAPT data is step two and step three combined, and data presented are hard to separate, with much of the published step two data focusing on less severe clients.

end of treatment, but at follow-up both sites fell in their mean change scores (5.5 for PHQ-9 and 4.9 for GAD-7 for site one, and 6.2 for PHQ-9 and 5.7 for GAD-7 for site two); recovery rates were highest at the end of treatment and fell at follow-up (47% to 40% for site one, and 64% to 43% for site two). Clark et al. (2009) shows variability in improvement and recovery rates, which can also be seen above and was reiterated in recent reviews of the IAPT data (Clark, 2018; Clark et al., 2018) presenting mean reliable recovery rates of 42-44% (median of 43%) but with a range of 17.6%-58.7%.

NHS-IAPT improvement and recovery rates vary greatly (Clark, 2018) and, providing similar treatment, the observed differences between depression and anxiety in Head Start may also form part of this variable landscape. Gyani, Shafran, Layard, and Clark (2013b) and (Clark, 2018) speculate that the variability could be due to several things. Firstly, symptom severity, of which Head Start is in fact lower than the average but with substantially wider standard deviation. Secondly, a dose response effect whereby those receiving more sessions did better, and although Head Start had a higher average number of 9.93 sessions compared to an average of 6.0 HI sessions (Clark, 2018) Head Start participants had lower recovery rates, which may be suggestive of greater need/complexity of cases. And thirdly, the review of treatment appropriateness/adequacy enabling opportunity for treatment change where necessary, which may indeed be an area that Head Start falls short on, as qualitative data revealed that several participants reported primarily receiving coping strategy treatment, different to what they hoped for and expected.

Head Start showed better outcomes for treatment of anxiety symptoms than depression symptoms but other evaluations generally have not shown this difference. This may be due to the complexity and comorbidity of veterans who are referred to the Head Start programme with primarily depressive symptoms and may for example fall under a mixed anxiety and depressive disorder category. The choice of scale (PHQ-9) as well as clinician diagnoses may also be contributing to the lack of clarity and progress with depression in this sample. It is possible that the reported depressive symptoms may result from some of the veteran's primary disorder in fact being PTSD (as PTSD was previously categorised as an anxiety disorder, so comorbidity is likely to be high). Although WWTW do accept PTSD referrals, most referrals are for anxiety and depression, and due to the need not to overload the participants of the study with a multitude of questionnaires it was not possible to include a specific measure of PTSD symptoms which could have assessed this issue (many of the participants in the study self-report PTSD or related symptoms). Several items on PTSD assessment scales reflect signs and symptoms of depression as well,

and it is likely that those with undiagnosed or delayed-onset-PTSD may also be experiencing symptoms of depression, thus more resistant to change from the non-trauma focused interventions. Additionally, as suggested and implemented with measures for PTSD (PCL and IES-R; Creamer, Bell, & Failla, 2003; Forbes, Creamer, & Biddle, 2001; Murphy, Ross, Ashwick, Armour, & Busuttil, 2017) ExSP may be functioning at a higher symptomatic level than the general population and higher cut-offs may be more appropriate for this sample (or a validation study conducted for the military population). It has also been suggested (Manea, Gilbody, & McMillan, 2012) that the PHQ-9 may not have enough specificity to be sensitive to change in certain populations (e.g. those with PTSD) and cut-offs may need to be population specific.

Furthermore, the presence of physical and psychosocial stressors such as limb loss, and employment/relationship concerns may have manifested as depressive symptoms, and complex presentations are known to be evident in the ex-service population (Murphy, Ashwick, et al., 2017). Indeed, qualitative data from Head Start participants revealed employment instability, financial concerns, and accommodation and relationship troubles as contributing to their mental ill health. Such challenges are not likely to be directly influenced by depression treatment (Rossom et al., 2016) and the persistent impact of these stressors upon beneficiary's mental health may go some way toward explaining the reduced effectiveness of Head Start for these individuals from a symptomatic viewpoint. It may also be that until someone is able to function better and improve social circumstances, levels of depression may well remain high. Indeed, gaining employment, especially satisfying employment, may improve mental health. As Wesson and Gould (2010) report that an employment agenda could be incorporated, where appropriate, in cognitive behavioural therapy for depression and anxiety to increase long-term successful outcomes for those who are unemployed. This may tackle belief such as those by one ExSP in this study, that individuals with mental health problems simply cannot work. Qualitative data showed that ExSP primarily reported developing coping mechanisms and strategies to deal with their problems as the outputs of their treatment, contrary to expectation and may explain the lower improvements in depression symptoms. Evidence indicates that treatment provision should perhaps take a systemic approach, considering the complexity of presentation in this population, including pre-service vulnerabilities, comorbidity, and other psychosocial factors, and not solely focusing on the 'management' of the primary presenting concern (Murphy, Ashwick, et al., 2017).

### 7.5.2.1 Head Start and the wider landscape

The AF Covenant<sup>16</sup> was designed to ensure personnel who had served in the AF, and their families, were not disadvantaged by their service and are to be offered preferential treatment where their condition is related to their service (Ministry of Defence, 2011). Considering the growth of the third-sector in recent decades, it seems important to understand why ExSP were choosing to seek help from the charitable sector rather than through mainstream services such as the NHS, where provision for common mental health problems appear successful for both ExSP and the general population (Clarkson et al., 2016; Gyani et al., 2013a; Richards & Borglin, 2011b).

Recent evidence suggests that, on average, it now takes less than five years post-discharge for ExSP in the UK to seek help (Ashwick & Murphy, 2017), which is considerably shorter than previous reports (van Hoorn et al., 2013). The mean number of years since leaving the AF in this sample was just over a decade, but most had reported already having sought professional help. ExSP had quite strongly attributed their unsuccessful earlier treatment to having been treated by civilian professionals who did not have the expertise necessary for military patients, believing that a military third-sector organisation would be more effective. Many ExSP reported being later diagnosed with PTSD which was not identified in mainstream NHS services, contributing to their opinion of inadequate NHS provision and a lack of therapists' military understanding. However, this may be a wider problem than simply within the AF community, as evidence suggests that undiagnosed comorbidities in the NHS are hindering treatment success. Patients referred to NHS-IAPT services for common mental health problems and associated difficulties (e.g. alcohol, sleep problems), may not be responding to prescribed low intensity care and are a greater risk of relapse or deterioration (Muncer & Dent, 2017), and should be stepped up within the IAPT care model significantly improving recovery rates (Clark et al., 2018; Gyani, Shafran, Layard, & Clark, 2011).

Poor mental health assessments and missed diagnoses (e.g. participants reporting long-term difficulties and PTSD diagnoses only years later) are thought to be delaying effective treatment (Step 3 IAPT high-intensity care), which, based on information gathered in the interviews, appears to be communicated within the AF community, potentially resulting in delayed help-seeking due to the perception that *"it is a waste of time"*. Such missed care opportunities could have significant ramifications for people in need, for both the general

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<sup>16</sup> A social and moral commitment between society and the Armed Forces community, to ensure that those who serve(d) and their families are treated fairly.



population and ExSP alike. Better triaging followed by patient intensity matching such as interventions that align with severity of presentation (including relevant patients being referred directly to Step 3 high-intensity, if diagnosed appropriately), could enhance therapy completion and thus outcomes for complex presenting patients (such as those in this evaluation) (Delgadillo, Moreea, & Lutz, 2016; Murphy & Smith, 2018). Evidence suggests that if first attempts at seeking care do not work or are ineffective, ExSP are unlikely to return for later treatment (Mellotte, Murphy, Rafferty, & Greenberg, 2017a; Rafferty, Stevelink, Greenberg, & Wessely, 2017).

A prominent theme in help-seeking literature within the AF community is military awareness in allied professionals and that ExSP prefer to work with knowledgeable professionals and that professionals need insight into this population (Ben-Zeev et al., 2012; Iversen & Greenberg, 2009; Mellotte et al., 2017b). Consequently, the AF Covenant stipulated that veterans *"should be able to access services with health professionals who have an understanding of Armed Forces culture"* (Ministry of Defence, 2011, p. 6). WWTW emphasise offering a 'military front door' (veteran specific entrance) for their services, however it was interesting to hear in many interviews, that after experiencing successful treatment, military aware therapists were considered non-essential. The 'military front door' may simply be useful in encouraging ExSP into treatment. There was ambiguity in the initial opinions, with some feeling it essential, while others felt that a 'military front door' was enough in initially asking for help. Nevertheless, most did appear to conclude that military awareness was not imperative for effective mental health treatment and that they would return to see their non-military aware therapist again should they need support in the future. They valued the individualised approach to their care and seeing them as a person before seeing them as an ExSP which some found in the past was quickly followed by stereotypes about their mental health and the jobs they performed (e.g. PTSD and sniper/bomb disposal) (Farrand et al., 2018).

However, to mitigate any missed opportunities in care as mentioned above, it may be advisable for mainstream and third-sector services to have more awareness of how ExSP present clinically (Farrand et al., 2018), to encourage help-seeking. ExSP may exhibit in a number of complex ways, including but not limited to occupational and housing instability, debt, and marital breakdown, which may or may not be related to delayed-onset and/or PTSD and/or adjustment disorder (Hunt et al., 2014; Kukla, Rattray, et al., 2015; Mettraux et al., 2017). Although it is important for professionals who provide care to ExSP to have a better understanding of ExSP for early/timely diagnosis and tailored treatment, detailed military knowledge does not appear to be a requirement for successful treatment.

Follow-up contact is widely carried out in research to measure lasting effects, but it is not common practice in most care services, third-sector or mainstream. Yet lack of follow-up therapeutic contact by Head Start therapists or by WWTW was mentioned by most Head Start participants as turning a positive experience into a negative one. Experiences described appeared to reflect the experiences many had upon leaving the AF, with some ExSP directly comparing the situations. They recalled how the lack of follow-up contact resonated in them the sense of insignificance they felt upon leaving the AF, as though they had suddenly become an outsider of their in-group; felt they had been forgotten and were not really valued as part of the extended military community that the third-sector creates. The sense of being an outsider is connected to reduced wellbeing (Crabtree, Haslam, Postmes, & Haslam, 2010). This however did not appear to alter the overall opinion ExSP had of the charity, but for the ExSP who continued to struggle and needed further support, they found this sudden disconnection destabilising and hard to understand. Providing follow-up as a matter of routine would be a potential enhancement to WWTW services.

## **CHAPTER 8: First Steps Results**

### **8.1 About the Programme**

First Steps was designed to enable ExSP access to entry level, formal education or vocational training, as well as offering support for other aspects related to beginning a new career (equipment, travel, etc). This programme is only open to those with service attributable injuries (wounded, injured or sick/socially disadvantaged; WIS) that may impact upon their ability to gain and maintain later civilian employment. Applicants receive support from an Employment Advisor (a WWTW Employment Advisor or from an external partner such as The Poppy Factory) to assist in career guidance and to ensure the support they apply for is suitable for their needs and requirements. First Steps support includes funding for courses or training such as driving lessons, Forklift Truck Operator licence, plumbing/plastering/electrician certificates, diplomas in counselling skills, horticulture certificate, or one-off financial support for equipment such as trade tools, etc.

It is worth noting that the First Steps programme was paused from May 2017 until November 2017 to review the assessment criteria, processes and procedures. Any beneficiaries already approved prior to May, continued to receive funding and support, but no new applications were assessed until November 2017, three months before the end of the evaluation. This may have contributed to the low numbers in the evaluation of programme.

Although First Steps is a separate programme, it is considered facilitatory, with detached/remote support from the charity in the form of financial contribution. Individuals who receive First Steps support may have already been through another WWTW programme to manage other aspects of their lives that could be hindering their work readiness, such as mental health or accommodation problems.

The primary outcome for First Steps was gaining and maintaining employment for at least three-six months after their training or after receiving funding from WWTW. The secondary outcome for First Steps was personal improvement/recovery assessed by the ICECAP-A, whether the individual felt their life had changed positively.

### **8.2 Programme Specific Evaluation Procedure**

For the baseline measure, First Steps beneficiaries were required to complete the survey either prior to or within four weeks of starting their educational course or receiving

equipment/funding. Survey response times were not immediate, and beneficiaries were deemed non-responders after four weeks from the date of their funding, to ensure as true a reflection as possible of their pre-programme mental health and wellbeing. For all beneficiaries in First Steps, the start and end dates of their courses were noted once approved. For courses up to one month long or for those in receipt of equipment funding, only baseline and follow-up measures were sent out. For courses that were longer than one month, beneficiaries were invited to complete one mid-way survey at the half way point of their course, followed by an endpoint measures (completed as close to their course end date as possible, up to four weeks after). Follow-up measures were required to be completed three-six months after their course/equipment funding. See Figure 19 for programme data collection timeline.

Figure 19: First Steps data collection timeline

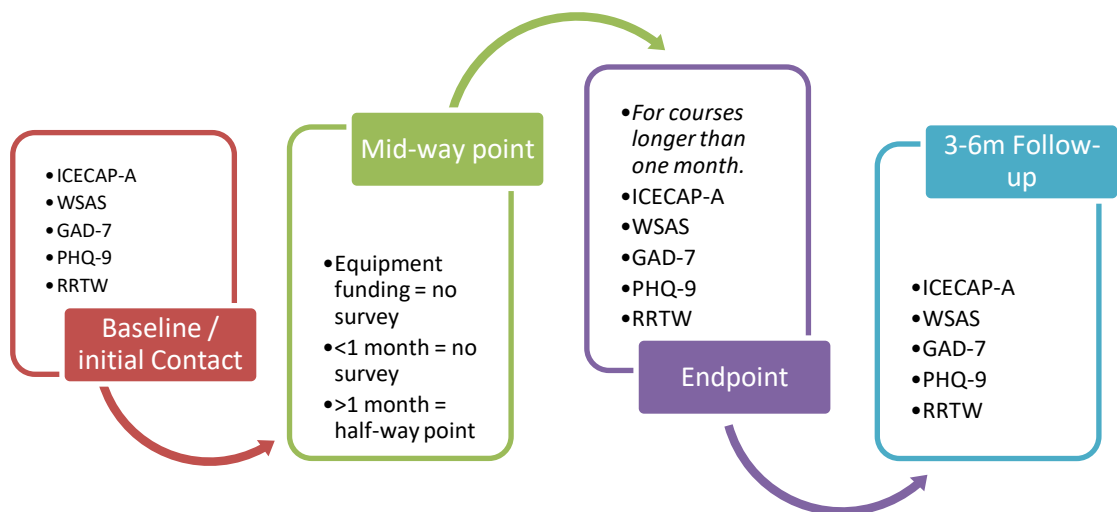
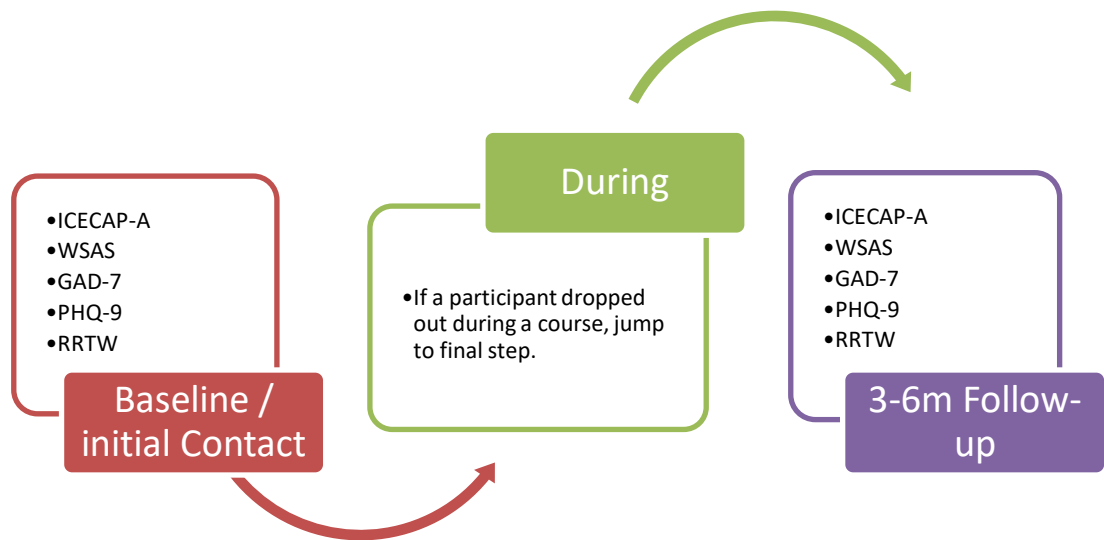


Figure 20: First Steps data collection timeline for drop-outs



## 8.3 Primary Aim – Quantitative Results

### 8.3.1 Programme Descriptives

To begin the results chapter for First Steps, descriptive statistics of the programme have been presented. Table 28 illustrates the programme specific data for all beneficiaries who engaged in First Steps (n=38) during the evaluation period, even those who did not respond to the evaluation. The most common type of funding in the programme was for vocational courses (84.2%, n=32), which varied in length from one-day to degree courses of more than one-year. Half of all vocational courses funded (50%, n=16) were between one-week and six-months. More than three-quarters (79%, n=30) of all First Steps beneficiaries completed their programme (finished their course), while four were still engaged at the time of the end of the evaluation, on courses longer than six-months.

Table 28: Summary of First Steps beneficiaries (n=38)

	<b>n(%)</b>
Type of funding	
- Equipment only	6 (15.8)
- Vocational course	32 (84.2)
Length of vocational courses	
- 1 day	4 (12.5)
- Less than 1 week	7 (21.9)
- 1 week to 1 month	8 (25)
- 1-6 months	8 (25)
- >6 months	5 (15.6)
Programme status	
- Completed	30 (79)
- Dropped out	2 (5.3)
- Application withdrawn	1 (2.6)
- Ongoing	4 (10.5)
- Missing	1 (2.6)

Table 29 presents the data on the evaluation participants (n=12). The primary outcome of First Steps was to gain and maintain employment measured at three-six months follow-up. As baseline employment data is not routinely collected by the charity referral forms for First Steps, baseline employment data was only available for the 12 participants who engaged in the evaluation to follow-up (as employment status was asked in the survey). Of these 12, four participants changed from unemployed status to employed status, while three changed from employed to unemployed status after First Steps funding.

Table 29: Summary of primary outcome data (n=38)

	<b>n (%)</b>
Baseline employment status	
- Employed	5 (13.2)
- Unemployed	7 (18.4)
- Missing	26 (68.4)
Follow-up employment status	
- Employed	19 (50)
- Unemployed	8 (21.1)
- In education/training	10 (26.3)
- Missing	1 (2.6)
Change in employment status for those in evaluation (n=12)	
- Gained employment	4 (33.3)
- Maintained baseline employment	2 (16.7)
- Lost baseline employment	2 (16.7)
- Maintained baseline unemployment	3 (25)
- Missing	1 (8.3)

Table 30 presents the mental health and wellbeing data for the 12 participants who were followed-up. Depression scores as measured by the PHQ-9 appear to slightly increase over time (mean of 12.33 to 12.83), while anxiety scores as measured by the GAD-7 appear to decrease (mean of 12.66 to 10.5). However, the proportion of cases and non-cases remained stable over time for both disorders. Work and social functioning as measured by the WSAS appeared to reduce over time with a mean reduction in scores of 7 points. Wellbeing as measured by capability in life on the ICECAP-A appears to marginally decrease over time.

Table 30: Summary of the mental health and wellbeing of those who were followed-up (n=12)

	PHQ-9		GAD-7	
	Cases n (%)	$\bar{x}$ (sd)	Cases n (%)	$\bar{x}$ (sd)
Baseline	8 (66)	12.33 (5.43)	8 (66)	12.66 (5.61)
Follow-up	8 (66)	12.83 (7.88)	9 (75)	10.5 (5.45)
WSAS				
- Baseline	15.1 (9.9)			
- Follow-up	12.9 (9.6)			
ICECAP-A				
- Baseline	0.630 (0.185)			
- Follow-up	0.571 (0.246)			

Table 31 below provides contextual information on the participants who took part in the qualitative interviews. Seven of the nine interview participants engaged in the evaluation. All but one participant had completed their programme, with this person on a long degree level course. Five of the seven participants who completed their programmes had achieved their primary outcome of gaining and maintaining employment.

Table 31: Status information for interview participants (n=9)

Pseudonym	Programme status	Evaluation engagement	Primary outcome
Brian	Completed	Yes	Employed
Jessica	Completed	Yes	Employed
Lenny	Completed	Yes	Employed
Joseph	Completed	Yes	Not employed
Ben	Completed	Yes	Employed
Warren	Completed	Yes	Not employed
Adrian	Still engaged	Yes	Not employed
Raymond	Completed	No	Employed
Eric	Completed	No	Employed

## 8.3.2 Bias Analysis

### 8.3.2.1 Responders vs. Non-responders

All 38 who engaged in the First Steps programme, were invited to take part in the evaluation, 50% (n=19) of which responded to the baseline survey, with 12 continuing to respond to follow-up. Except for years since discharge, no significant associations in the demographic profile were found between those who responded to the evaluation surveys and those who did not, see Table 50 in APPENDIX 5. Participants who had left the AF less than two years earlier were more likely to respond, while those who left between two and 10 years before were least likely to respond to the evaluation ( $p<0.05$ ).

### 8.3.3 Hypothesis Testing

Due to the low response rate, hypotheses were not able to be tested. Topic areas for each hypothesis were thus explored using descriptive statistical data and supplemented with qualitative data.

## 8.3.4 Mental Health

### 8.3.4.1 Quantitative data

Descriptive and qualitative data are presented here to explore the mental health of participants who engaged in the First Steps programme and who were followed-up in the evaluation. All participants who engaged in the evaluation to follow-up (n=12), completed their First Steps programme, hence data were not stratified by completion status. Data presented in Table 32 shows that two-thirds of the participants scored as cases on the PHQ-9 and GAD-7, both at baseline and follow-up, with an increase of one participant at follow-up on the GAD-7. Mean scores reduced over time for the GAD-7 while the mean score for the PHQ-9 increased slightly.

Table 32: Descriptive statistics for the mental health measures over all time points (n=12)

	PHQ-9		GAD-7	
	$\bar{x}(sd)$	Cases ( $\geq 10$ ) n	$\bar{x}(sd)$	Cases ( $\geq 8$ ) n
Baseline	12.33 (5.43)	8 (66)	12.66 (5.61)	8 (66)
Follow-up	12.83 (7.88)	8 (66)	10.5 (5.45)	9 (75)

### 8.3.4.2 Qualitative Data

Across the First Steps interview sample (n=9), seven participants engaged in the evaluation, one of which was still engaged in the programme at the end of the evaluation



(having completed three midway surveys, with the latest completed at the end of the evaluation, see Table 33). In line with the findings above, GAD-7 scores appeared to reduce over time, while PHQ-9 scores increased. There appeared no differentiation between those who achieved their primary outcome and those who did not.

Table 33: Change in mental health across time for interview respondents who engaged in the evaluation (n=7)

	PHQ-9	GAD-7
<b>Employed</b>		
Brian	Improved	Improved
Ben	Deteriorated	Deteriorated
Jessica	Deteriorated	Improved
Lenny	Deteriorated	Improved
<b>Not employed</b>		
Warren	Deteriorated	Deteriorated
Joseph	Deteriorated	Improved
Adrian*	Stable	Stable

\*Adrian was on a degree length course

Despite scoring below the caseness threshold for both disorders, *BRIAN* and *BEN* commented on being referred for mental health treatment for depression, anxiety and PTSD prior to engaging in First Steps funding. They both felt that he had improved in their mental health, but it was *BRIAN* who further reduced symptomology, while Ben increased.

Three participants who all increased in their depression scores had not yet received treatment for their symptoms. *JESSICA* and *JOSEPH* both acknowledged the need for support but were on waiting lists elsewhere for PTSD treatment, while *WARREN*, who acknowledged he had mental health concerns, felt he did not need treatment. Personal/family and financial pressures of individual situations were cited as stresses preventing them from moving forward, irrespective of gaining employment after First Steps. *JOSEPH'S* mental health for example caused him to lose the job he had managed to obtain after his First Steps funding.

*"Unfortunately, that didn't last due to ill-health reoccurring its ugly head again. And (umm) I had to sort of (umm) stop... well (umm) put my career on hold" – JOSEPH*

*"I got this job that I'm in now. But it's not what I wanna do. It's not even where I wanna be... But it's paid my bills. Erm, so everything at the*

*moment, it's still in a spin. I'm not settled. I don't feel settled, and I am not in control of my own life". – JESSICA*

### 8.3.5 Work Readiness

#### 8.3.5.1 Quantitative data

Work readiness domains of change<sup>17</sup> are presented below for those who were followed-up (n=12), to explore change in readiness over time. Figure 21 and Figure 22 illustrate the mean domain scores at baseline and follow-up for the 12 individuals who were followed-up, all of whom completed their programme, six of whom were employed at follow-up. Mean scores suggested that at baseline, the employed participants scored higher than those not employed on all domain except the pre-contemplation. Mean scores also suggested this to be the case at follow-up, although employed scores did reduce slightly while unemployed scores increased.

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<sup>17</sup> RRTW - *Contemplation* defines the individual as beginning to think about returning to work but is yet to act on this; *Prepared for Action – Self-evaluative* describes the individual as seeking information about returning to work, and what this may mean for them specifically and beginning to make plans; *Prepared for Action – Behavioural* is when the individual acts on the plans made in the previous stage. Higher scores in each domain indicate higher levels of the dimension being measured.

Figure 21: Bar graph of mean RRTW domain scores at baseline for those who were followed up (n=12)

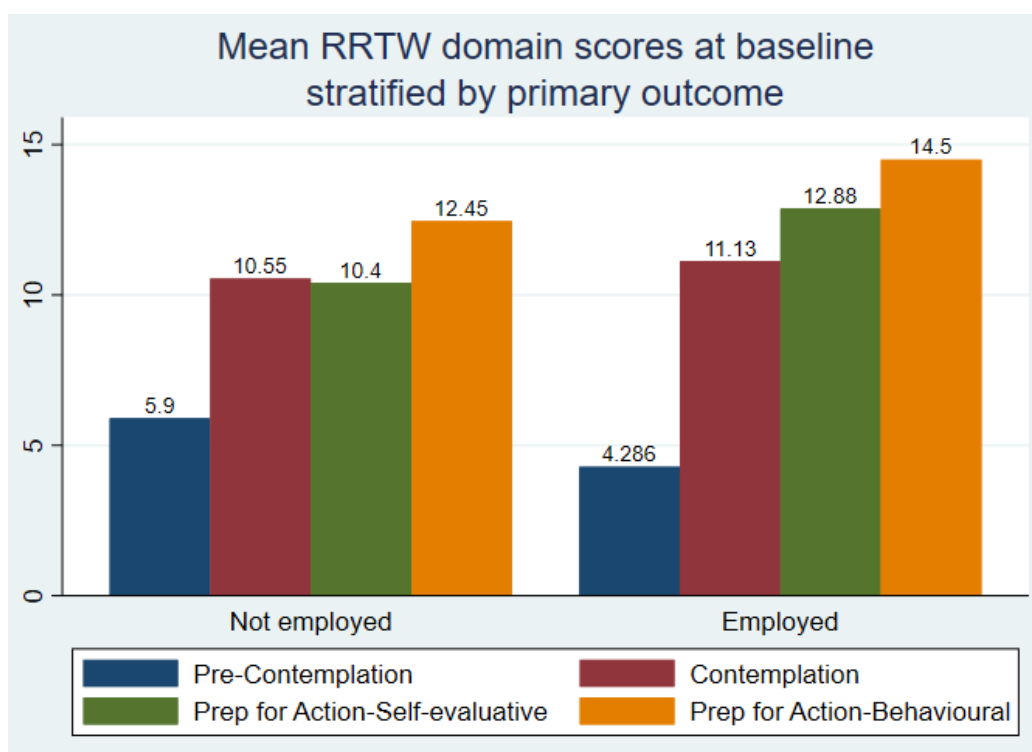


Figure 22: Bar graph of mean RRTW domain scores at follow-up (n=12)

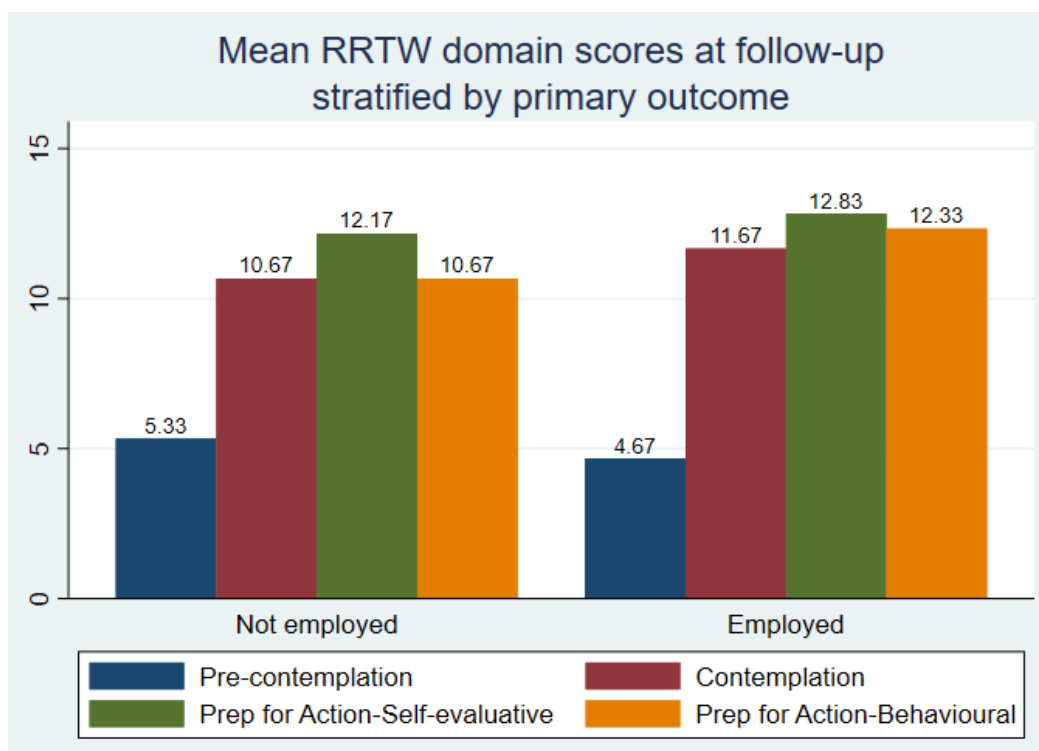


Table 34 below presents the data of the RRTW stratified by employment status. Mean scores in the employed group appeared more stable than in the not employed group. Mean domain scores on the RRTW were lower at baseline and follow-up in the not employed group but increased slightly over time.

Table 34: Mean RRTW domain scores and WSAS scores over time for those who were followed up (n=12)

	<b>Employed (n=6)</b>		<b>Not employed (n=6)</b>	
	<b>Baseline</b>	<b>Follow-up</b>	<b>Baseline</b>	<b>Follow-up</b>
	$\bar{x}(sd)$			
<b>RRTW</b>				
Pre-contemplation	3.4 (0.9)	4.6 (2)	5.2 (1.6)	5.3 (1.6)
Contemplation	11.5 (2.7)	11.6 (2)	11.1 (2.5)	10.7 (1.7)
Prepared for Action – Self-evaluative	13 (2.8)	12.8 (4.7)	10.4 (1.1)	12.2 (2.1)
Prepared for Action – Behavioural	14.8 (0.4)	12.3 (2.3)	13 (1.3)	10.7 (1.9)

### 8.3.5.2 Qualitative Data

Nine participants engaged in the qualitative interviews, seven engaged in the evaluation. Six of the interviewees were employed at follow-up, with the remaining three not employed (one of whom was still engaged in a long term vocational course). A few elements of work readiness, as discussed in Work Readiness Systematic Review, appeared evident in the interviews, with the extent varying, seemingly in line with their programme/employment status. Participants talked of the First Steps programme in a practical way, as a means to and end on a path they were already on and ready for.

#### Employed participants

Three of the ExSP who were employed at follow-up (meeting their primary outcome), claimed to be ready and prepared for work upon requesting vocational support. They all spoke of having all the necessary skills and seemed very clear on their goal, only needing further funding for courses.

Two ExSP, *BEN* and *BRIAN*, both acknowledged that although the desire to engage in work was present for some time, they were advised to engage in therapy prior to pursuing employment, which they had received before First Steps. *BRIAN* had previously worked

since his discharge but lost his job due to poor mental health making day-to-day work challenging, highlighting for him his lack of readiness for work.

*“The first thing they did was provide me with a counsellor for a few months...trying to break those negative thoughts process and encourage me to look for employment and stuff like that” - BEN*

JESSICA however, did not match the other employed ExSP in her work readiness. She was unsure about her direction in life and appeared to struggle quite openly with her identity, as a female civilian, as a military veteran and having a mental health problem. Although she was working at the time of the interview, like BEN, JESSICA was not in her chosen role and felt trapped by financial pressures. She appeared to have an increased understanding of her mental health difficulties though. Although employed and her RRTW scores had improved, JESSICA appeared to be struggling with the maintenance of employment.

*“I'm still struggling with my identity, of what I am, about my illness, how it affects me, how do I, how do I deal with it. I've lost who I am, I don't know what is, is - where I wanna be. I got this job that I'm in now. But it's not what I wanna do. It's not even where I wanna be... But it's paid my bills” - JESSICA*

Desperation to work to avoid financial difficulties was referred to as pushing participants in to job hunting and subsequently employment, prior to preparedness. One participant set up their own business, stating a lack of market research and mental preparedness resulted in it failing.

For those content in their employment, ‘preparation for action – behavioural’ scores declined, as they were no longer making active efforts to secure employment. Participants such as JESSICA and BEN, who were not in roles they wanted and were struggling with their mental health, their contemplative scores decreased and their proactive behaviours in search of work remained high.

#### Not employed participants

Three of the ExSP interviewed were not employed at follow-up, two of whom had been employed at least once since discharge. Like BRIAN, JOSEPH and WARREN had found employment since leaving the AF but had to leave or had lost their jobs due to physical or mental health difficulties. They acknowledged that although they wanted to work, other

aspects of their lives did not facilitate work readiness (e.g. physical health, childcare). They had engaged in the First Steps programme with the desire to work, later realising that there may be other factors involved in successfully maintaining employment. For these participants their proactive behaviour scores of the RRTW scale decreased (although there was mention of needing to start taking steps forward again) and self-evaluative preparation increased at follow-up. WSAS scores were high in this group, but reduced over time, potentially reflected in the self-reported acceptance, treatment and thus improved management of their difficulties.

*“So you know I think I need to look after my body first before I look after my job. Because essentially that you know, that’s the thing that’s going to you know sort of carry me through in the future” – JOSEPH*

*“It... its... its... [First Steps] opened up some doors, but it’s a very hard process to go... go out and do normal [sector work]” – WARREN*

BRIAN differed from JOSEPH and WARREN, in the active seeking of mental health support prior to job hunting. JOSEPH appeared to make this realisation after the First Steps programme, while WARREN felt that his difficulties would be solved by work – *“I don’t want to stick pills down my throat, I just want a job”*.

ADRIAN however, was still engaged in a degree length course funded by WWTW and was aware of not being ready to take on the civilian workforce, personally or professionally, but felt he was moving in the right direction – *“because of my poor health, so juggling, trying to get better and also study as well”*.

### 8.3.6 Wellbeing

#### 8.3.6.1 Quantitative data

It was hypothesised that gaining and maintaining employment (primary outcome) would lead to personal recovery, increased functionality and wellbeing (as measured by the WSAS and ICECAP-A<sup>18</sup>). Table 35 presents the mean scores for the scales and shows that those who were not employed at follow-up, appeared to have higher mean scores on the

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<sup>18</sup> ICECAP-A domains: Stability (the ability to feel settled and secure); Attachment (the ability to have love, friendship and support); Autonomy (the ability to be independent); Achievement (the ability to achieve and progress); and Enjoyment (the ability to have enjoyment and pleasure). Scores range from 0-1, with 1 indicating full capability (and potential wellbeing) in life.

ICECAP-A both at baseline and follow-up than those who were employed. The mean scores of those who were employed at follow-up, seemed to show a reduction over time. Mean capability scores were above the midpoint threshold for capability in life's attributes, across both time points for both groups. Mean WSAS scores were lower at baseline and follow-up for those who were employed compared to those who were not employed. There was a slight increase in scores (decline in functionality) over time for those who gained employment, while those who did not gain employment demonstrated a slight reduction in scores over time (increased functionality). Numbers were too small however to test the significance of these changes.

Table 35: Mean ICECAP-A scores across time for those who were followed-up (n=12)

	Employed (n=6)	Not employed (n=6)
	$\bar{x}(sd)$	
<b>ICECAP-A</b>		
- Baseline	0.608 (0.145)	0.652 (0.231)
- Follow-up	0.491 (0.306)	0.651 (0.155)
<b>WSAS</b>		
- Baseline	6.7 (4.3)	23.5 (5.2)
- Follow-up	8 (10.2)	17.8 (6.3)

### 8.3.6.2 Qualitative data

Qualitative data were analysed for indications of the state of wellbeing and capability in life after programme engagement (as was measured by the ICECAP-A).

#### Employed participants

Although employed ExSP scored lower than those not employed at follow-up, these individuals did still express improved wellbeing and did show increased scores in certain domains of the ICECAP-A over time (but not all domains). *BRIAN* increased in his enjoyment in life and love and friendship domains, as illustrated in his quote below, but appeared to decrease in score overtime on stability, autonomy and achievement domains. He talked of mental health struggles which reappeared a few months after gaining employment (coinciding with the follow-up survey) which he had since been able to manage better by the time of the interview.

*"I had a bit of a blip, erm, I don't know, er, a couple of months ago, erm, which kind of, like, well, I was prewarned that, erm... Well, I, I just, I know, I'm not, I'm not as resilient as I used to be, so small things are big things"*  
 – *BRIAN*

*"Erm, just give, giving up, erm, not taking anything too serious, really... Once you've let it go, just say, just learn to say, 'Sod it,' to everything, and that helps.... Erm, I've now got a, erm, I'm now a technical advisor for an [company]. I've got a brand-new car. I've got a good salary. I've got a new girlfriend I've been with for quite a few years now. Couldn't be any better, really" - BRIAN*

Working on a more individual basis and less as a team in civilian employment was described as a surprise, contributing to loneliness and isolation.

ICECAP-A scores remained stable for some ExSP, and although employment was achieved, other life circumstances (family troubles and physical health problems) had also reportedly remained stable. Neither *BEN* nor *LENNY* for example, were able to achieve their desired roles due to family and health challenges, as well as accommodation uncertainties. This was reflected in the decrease in scores in autonomy and stability domains.

*"...a bit more hands-on, (umm) there would be a whole lot more job satisfaction to be honest... I've found I'm stuck in a... honest in catch 22 (umm)" - BEN*

Out of the interviewees, *JESSICA* was the only one who showed a large decrease in her ICECAP-A scores. As noted above, she appeared to significantly struggle with her identity, and her mental health and how they intertwined. Despite meeting her primary outcome and gaining employment, she was working in an undesired role and was still trying to find a stable identity, struggling to hold on to her job.

*"I want to be a girl, as a girl, I do not know how to get - you know out of a car, wearing a skirt because I've never had to" - JESSICA*

*"...the battles of the illness every single day of what we're facing and one day I can be fine and then then next day, I'm a complete ball of mess and there's times where I don't even want to accept it myself". - JESSICA*



### Not employed participants

The three interviewees in this group all scored quite differently on the ICECAP-A and expressed varying experiences. *JOSEPH* talked of realisations of personal difficulties and the need to make changes, which appeared to match changes in his overall ICECAP-A score, nearly doubling by follow-up. Conversely, *WARREN* spoke emphatically and commented on how angry he was, seemingly stuck on recent past events that he felt were jeopardising his ability to move forward. These events were unrelated to his AF career, but lead to mental health troubles, which he felt would be solved by employment.

## **8.4 Secondary Aim – Qualitative Programme Feedback**

The secondary research aim for the study was to gather qualitative data for participants who engaged in the qualitative interviews, to gain a more detailed understanding of the experiences of WWTW clients.

### **8.4.1 Programme Accessibility**

Programme accessibility was widely discussed in a positive light for the First Steps programme. Respondents felt that it was easy and straightforward to gain funding, with the only major requirement to pass the vocational assessment. Participants were assessed to ensure that they had carefully considered their future and that the course/equipment they had chosen was right for them. This impressed participants, respecting the hard line that WWTW draws to provide as much as possible for ExSP in genuine need.

*“I didn't have to do a thing. It was all done for me. They just literally told me where to be, what to take with me, who I needed to speak to” – JESSICA*

*“Making sure that you’ve researched your role, that you’ve thought about earning potential from the role, things like that. I thought that was very good”. - ADRIAN*

As discussed above, the most challenging aspect of the First Steps programme appeared to be initial knowledge of the programme and what is on offer to ExSP.

### **8.4.2 Outcomes of the Programme**

Despite the thorough assessment of need/genuine occupational interest in the ExSP who were referred to First Steps, only four of the nine had used the qualifications or equipment

that had been funded. These individuals had viewed the programme as essential to them being able to progress in their career.

*"I don't think I'd have been in a job. So... there's not much else, as well I do know I've got loads of skills, but (umm) I think this is what managed to get me the job the quickest" – RAYMOND*

Those who had not used their qualifications or equipment had stated that other opportunities had come up, or that their personal circumstances were preventing occupational progression irrespective of the assistance of First Steps.

*"I ended up with the job I've got. And that was purely by talking to my neighbour...But it's not what I wanna do. It's not even where I wanna be. But it's paid my bills" – JESSICA*

*"I mean that clearly the [funding] has helped a lot. (umm) Unfortunately the sort of proper catch 22 situation still exists for me" - BEN*

#### **8.4.3 Follow-up Contact**

Follow-up contact appeared consistent across First Steps. A difference was noted though in some participants reporting only the evaluation surveys, while others reported phone calls to enquire as to how they were getting on and whether they needed any further support or guidance. Whichever contact they believe they received, participants appeared to value this.

*"...when I'd finally done the course, you know they were happy and gave me sort of an email saying 'Yeah, well done for passing the course and good luck for the future'. And then about... I think it was about four or five weeks after the course, they rang me again and just said 'Look, how's it going? Have you settled in? Have you found work?' and this, that and the other. So... yeah all in all I've been really happy". – RAYMOND*

However, apparent miscommunications with WWTW or retrieval of archival data resulted in less than positive experiences for ADRIAN. ADRIAN had good initial follow-up contact after his first course was funded, but upon returning later for further support, he reported having to start from the beginning, feeling disappointed and anonymous.

*“Oh, it was awful. I’ll be honest I’m so grateful I’ve got the money, I think it’s brilliant but somebody telling me they were really proud of how I’d got on, now they were going to do anything in their power, if I needed laptops and stuff like that. I was saying no to all that, I was just happy that I’d got the funding to have put me in that much of a comfort support thing that I can do it and then to actually get to the point where I pass my qualification and then ring them back and they’re like “who are you?” - ADRIAN*

#### **8.4.4 WWTW Profile**

Few interviewees expressed accurate knowledge of WWTW as a charity. They all talked of the expeditions and the connection to the charity’s ambassador, Prince Harry (although one participant was confused by which Prince), with WARREN believing that the sole purpose of the charity was to get ExSP to attempt these physical challenges.

*“[Another charity] told me to speak to Walking With The Wounded and I’d never even heard of them. I knew it was something to do with Prince William, erm. – JESSICA*

*“I thought they were more a charity about getting veterans into doing things like polar expedition and (umm) and all the things that you saw in the media”. – WARREN*

*“I must admit, I never....It was always a bit confusing about what Walking with the Wounded did. I knew they were, obviously, they were, erm, like, in the between people for arranging...” - BRIAN*

Even after their First Steps programme, two interviewees remained unclear, stating that they fully understood the charity but followed this by identifying WWTW as a branch/department of another bigger charity.

*“You know every serviceman knows that the [another charity] can do a lot for an ex-serviceman (umm) everyone knows that, yeah. I didn’t know of the other little sort of (umm) departments or the specialities they could provide within that though” – BEN*

This confusion fed in to their understanding of how WWTW supported them in First Steps. Several participants claimed that they had little to organise and that their caseworker (through another charity or residential home) initiated the process for vocational funding. During pre-interview discussions, two participants enquired about why they were being invited to interview, unaware of what First Steps was, simply knowing only that they had received funding for a course.

## 8.5 First Steps Discussion

First Steps provides ExSP funding for entry level, formal education or vocational training, or equipment, to support a change in career or enhance an existing career. This programme is only open to those with service attributable injuries that may impact upon their ability to gain and maintain civilian employment.

### 8.5.1 Summary points

- Due to small programme sample size and low response rates, the evaluation of First Steps was primarily qualitative in nature, supplemented by quantitative descriptive statistics.
- Vocational courses were the most commonly funded type of support for First Steps, most of which were short to medium in length (weeks to months). Most ExSP attended their full courses and with few dropping out.
- Although the numbers were small, there appeared inconsistency in the positive employment outcomes for ExSP who engaged in First Steps. Gaining knowledge/skills/qualifications did not always appear sufficient, as ExSP described other factors that prevented them gaining or maintaining employment, suggesting readiness may have a role to play in occupational outcomes. Despite all ExSP describing themselves as ready to work, some acknowledged that in hindsight they may not have been.
- Qualitative exploration revealed that utilisation of skills/qualifications/equipment funded was mixed, with less than half of ExSP going in to related occupations.
- First Steps funding did not appear to directly influence the mental health or functioning of the ExSP, with scores remaining stable over time. However, this could not be statistically verified due to the small sample size. ExSP attributed mental health problems as the reason for their loss of employment even after First Steps funding, and treatment was suggested for some in advance of funding. Obtaining employment and feeling secure was described as increasing their wellbeing rather than engagement in First Steps specifically.
- ExSP described feeling disappointed at the level of follow-up contact and subsequently lost afterward. This was particularly the case for those who felt they needed further support.

### 8.5.2 Contextualised discussion

First Steps provides ExSP funding for entry level, formal education or vocational training, or equipment, to support a change in career or enhance an existing career. This programme is only open to those with service attributable injuries (wounded, injured or sick/socially disadvantaged; WIS) that may impact upon their ability to gain and maintain civilian employment.

First Steps appears to primarily be a facilitatory programme rather than a programme in its own right. ExSP were assessed and given financial support, to pay for courses or equipment, with referrals (and assessments) for the programme often coming from external caseworkers or welfare officers, in supported housing establishments or from other charities where the ExSP was already receiving other mental health or wellbeing care. WWTW's support was therefore quite remote and distant. Few ExSP were aware of the role that WWTW played in their courses or equipment, appearing disconnected to the process; although this is only of importance in relation to the WWTW profile. It is possible that the remoteness of WWTW contributed to reduced emotional connection to the charity and thus a reduced sense of gratitude and appreciation for the funding. Although the sample was small, less than half of ExSP funded went on to work in roles associated with the funding they had received. The lack of personal connection may have also contributed to the low interest in the evaluation and subsequent interviews. Several participants had asked during pre-interview enquiries as to why they had been invited to take part.

An increase in the personal connection between WWTW and its First Steps clients could have multiple positive effects. Having an identity behind the source of funding may generate a sense of responsibility in clients, valuing the funding they have received and seek related employment, thus WWTW resources are not undervalued and lost. A consequence of this, ExSP working in roles that they had claimed were their desired roles, and an encouragement to do so, may increase their work-related pride and sense of worth (Law et al., 1998). Indeed, in this study, ExSP described a greater sense of self when working in civilian employment that they enjoyed. However, some ExSP may have tried to gain work related to their First Steps funding but were not able to. A closer relationship between WWTW and the client may highlight areas of need, where the ExSP may in fact benefit from further employment support and guidance, increasing the chances of successful outcomes. It may also increase client engagement, in circumstances such as this evaluation, increasing future participation to learn more about the clients and the programme.

## CHAPTER 9: Home Straight Results

### 9.1 About the programme

Home Straight was designed to support vulnerable ExSP secure employment and work towards independence. This programme embeds Employment Advisors (EA) in veteran-specific homeless rehousing residences or as outreach workers in other supported accommodation. EAs assist ExSP with career guidance, sourcing training for them, and help with job applications and interview skills. If employment is obtained, then twelve months of follow-up support is provided for both the ExSP and the employer. This aims to help the ExSP maintain their role and to smooth any transition difficulties.

The model of support resembles that of Individual Placement and Support (IPS; Bond, 1998). IPS is a model of vocational rehabilitation which was originally designed to help people with mental health difficulties return to work. IPS is based around eight key principles; anyone who wants to work can work; competitive employment is the goal; integration of mental health and employment services and support; client choice is accounted for; benefits counselling; job search within four weeks; individualised employer focus with the needs of client as priority; and individualised post-employment support to both the employer and employee. IPS has also been found to be successful with homeless ExSP in the US (Leddy et al., 2013). Home Straight EAs provide the same support as would be provided by IPS workers, but with a few differences. Their support is over a longer time frame, with more focus on 'readiness' to return to work, and support for the process of work readiness by guiding mental health help-seeking and vocational training prior to employment applications.

Each residence that WWTW provides EAs for, has different criteria for housing, and may have different conditions of stay. These may include a limited length of stay while others provide lifetime accommodation; mandatory versus optional EA engagement; and no substance misuse. For the purposes of comparison in the evaluation, the homeless rehousing residences WWTW chose for this project had the same rules and regulations of stay:

- Maximum 18-month stay
- No substance misuse
- No tolerance for anti-social behaviour (e.g. violence, supply of drugs).
- Optional EA engagement
- An increase in rent once employed to encourage moving on to independent living

The rules require that once employment has been found, residents find alternative accommodation, with the help of the welfare support services. Although there are yearly and council differences, the cost for a bed at one of the residences is approximately £200-300 per week. If an individual is registered as receiving benefits, they are entitled to full housing support. This means that the local authority subsidises their rent, leaving just a small fee for the veteran to pay, approximately £15 per week. Upon gaining employment, the local authority will calculate the increase in rent, increasing in percentage over three months up to the full amount. If the veteran is on a low income, they may only be required to contribute a percentage, but may still receive little housing benefit. The rental increases occur immediately upon gainful employment.

The primary outcome for Home Straight was to gain and maintain employment for at least three to six months (follow-up). The secondary outcome for Home Straight was personal improvement/recovery indicated by whether the individual felt their life had changed positively.

## **9.2 Programme Specific Evaluation Procedure**

The start of Home Straight programme was marked by the individual's engagement with an EA, not their entry into the residence. Due to the length of the programme, and the time scale of the evaluation, flexibility was allowed in the collection of measures to increase the recruitment potential; beneficiaries were invited to the evaluation if they had started receiving EA support within the previous six months. This consequently meant that these individual's first survey may not reflect a true baseline. Mid-way surveys were sent to beneficiaries every six-months and endpoint measures were sent upon achievement of employment (programme completion was marked as gaining employment). Follow-up measures were sent three-six months after they had gained employment. See Figure 23 for programme data collection timeline. Demographic and monitoring information is routinely passed on to WWTW by the EAs every quarter throughout the year, which was used to fill gaps in the evaluation data.



Figure 23: Home Straight data collection timeline

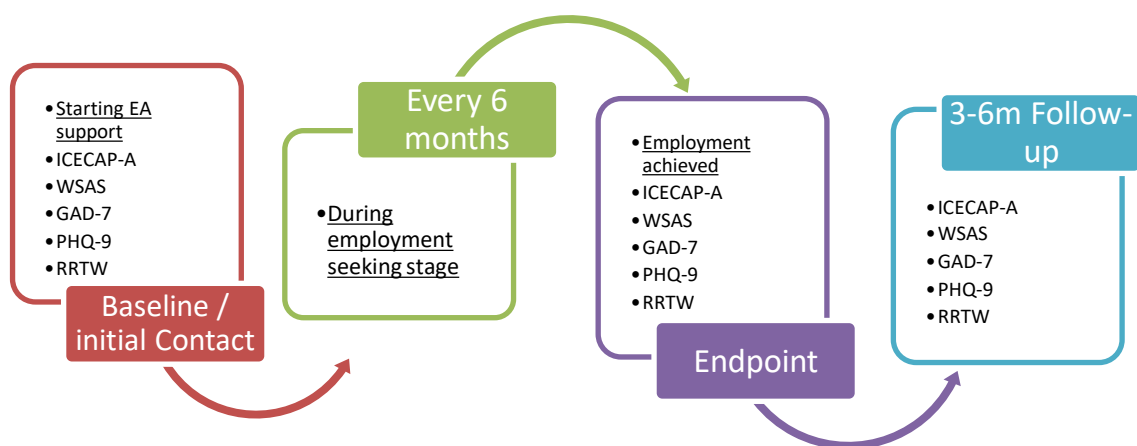
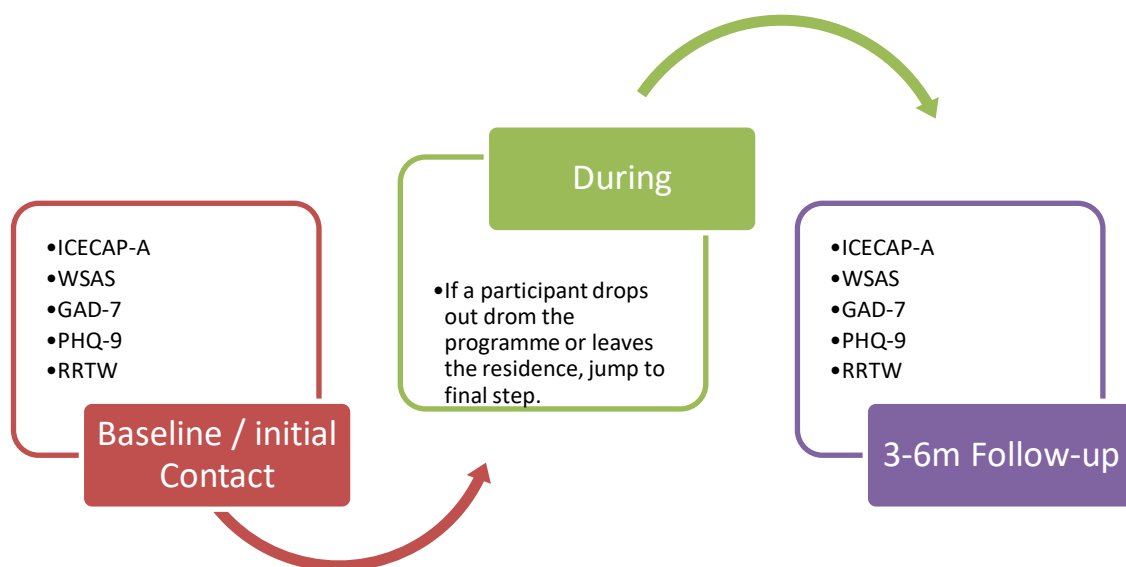


Figure 24: Home Straight data collection timeline for non-completers (drop-outs)



## 9.3 Primary Aim – Quantitative Results

### 9.3.1 Programme Descriptives

This chapter began with descriptive statistics for the Home Straight programme. Table 36 illustrates data for all beneficiaries who engaged in the Home Straight programme during the evaluation period, including those who did not respond to the evaluation. Approximately one-third (27.6%) of participants completed their programme and gained employment; around the same proportion were still ongoing at the point of analysis. While just over a quarter (26.2%) ended their programme involvement early, either by actively dropping out (6.5%) or through eviction from the residence resulting in removal from the programme (19.7%). The mean duration of the programme for those who had ended (completed or not) was just over five months (5.59-months), with a shorter mean duration for those who gained employment (3.94-months). Those who actively dropped out of the programme or were evicted, were engaged for nearly twice as long before dropping out as the participants who completed their programme. The ExSP who were still engaged in the programme however, had a present mean length of 27.8-months (longer than the maximum length of stay). Of the 23 who gained employment, 21 completed their programme and were still employed at the end of the evaluation (more than six-months from gaining employment), while two had gained employment after dropping out.

Table 36: Summary of Home Straight beneficiaries (n=76)

	Overall programme engagement (n=76)
Home Straight Status n (%)	
- Completed	21 (27.63)
- Dropped out	11 (14.47)
- Evicted	15 (19.74)
- Ongoing	21 (27.63)
- Unknown	8 (10.53)
Length of programme ( $\bar{x}$ months, sd)	
- Completed	5.59 (6.34)
- Dropped out	3.94 (5.56)
- Evicted	7.57 (8.22)
Follow-up employment status	
- Employed	23 (30.26)
- Unemployed	23 (27.63)
a. Still engaged	21 (27.63)
b. Dropped out	2 (2.63)
- Missing	30 (39.47)

\*n=2 in education/volunteering

Data could not be presented from the evaluation surveys, as although 76 engaged in the Home Straight programme, only 22 completed their baseline survey, four of whom continued to complete their follow-up survey (based on either programme completion or drop-out). Table 37 below provides contextual information on the participants who took part in the qualitative interviews. Only two of the eight participants engaged in the evaluation, the remaining six were survey non-responders. Three of the interviewees had gained employment through the programme and remained employed at follow-up. They were the only employed participants in the interview sample. There was an equal amount of those who completed and did not complete their Home Straight programme (n=3 respectively), with the remaining two still engaged. Due to only two interview participants engaging in the evaluation, it was not possible to fully merge the data and gather patterns between survey scores across time and qualitative data. Consequently, later qualitative data is on all eight interview participants.

Table 37: Status information for interview participants (n=8)

<b>Pseudonym</b>	<b>Programme status</b>	<b>Evaluation engagement</b>	<b>Primary outcome</b>
Ronnie	Still engaged	Yes	Not employed
Ken	Dropped-out	Yes	Employed
Frank	Dropped-out	No	Not employed
Geoff	Evicted	No	Not employed
James	Completed	No	Employed
Patrick	Completed	No	Employed
Harry	Completed	No	Employed
Joshua	Still engaged	No	Not employed

## 9.3.2 Bias Analysis

### 9.3.2.1 Responders vs. Non-responders

Of the 76 who engaged in the Home Straight programme, 70 were invited to take part in the evaluation (six could not be due to incorrect contact details), 22 of whom responded to the baseline survey. No significant associations in the demographic profile were found between those who responded to the evaluation surveys and those who did not, see Table 51 in APPENDIX 5.

### 9.3.2.2 Completers vs. Non-completers

Of the 76 who engaged in the Home Straight programme, 47 participants had ended their involvement in the programme, either completing (gaining employment, n=21) or not completing (dropping out, n=11, or being evicted, n=15). The remaining 28 were still

engaged at the time of analysis (n=21) or had no status information. Table 52 in APPENDIX 5 provides the demographic information for those participants who completed or did not complete their Home Straight programme.

Significant associations between programme completion status and rank ( $p < 0.05$ ) and discharge type were found between those who went on to complete their programme and those who did not.

### 9.3.3 Hypothesis Testing

Due to the small number of ExSP who completed their Home Straight programme and therefore continued to follow-up in the evaluation, it was not possible to conduct any statistical analyses or present detailed mental health data on this sample.

### 9.3.4 Mental Health

Contextual information presented in Table 38 below shows the baseline mental health and wellbeing data for those who engaged in the evaluation (n=23), to get an understanding of the characteristics of this group. The mean baseline mental health scores were above caseness threshold (10.30 for the PHQ-9 and 10.74 for the GAD-7; representing 'moderate' symptoms according to both scales) with approximately half of the baseline ExSP scoring as cases (47.83% and 60.87% respectively). The median impairment score on the WSAS was just above the threshold for functional impairment (11.5), while the median ICECAP-A score was above the midway point for wellbeing, towards increased capability.

Table 38: Summary of baseline mental health for those who engaged in the Home Straight programme (n=23)

	<b>Median (IQR)</b>	<b><math>\bar{x}</math> (sd)</b>	<b>Cases n (%)</b>
PHQ-9	-	10.30 (7.82)	11 (47.83)
GAD-7	-	10.74 (6.74)	16 (60.87)
WSAS	11.5 (5.5-24)	-	-
ICECAP-A	0.594 (0.321-0.777)	-	-

Across the interview sample (n=8), two participants engaged in the evaluation, one of whom was still engaged in the programme at the end of the evaluation while the other dropped out (evicted from residence) but was subsequently followed-up at the end of the evaluation. Qualitative data on the topic of mental health during their Home Straight involvement was identified.

All interview participants expressed difficulties with their mental health, through depression, anxiety and/or PTSD. This was often cited as the primary reason or contributing factor for homelessness and moving in to the residence. Except for one participant, *GEOFF*, all felt that they had gained in confidence and self-esteem over time, feeling more motivated to improve their situations. Although two participants had dropped out of the programme, only one did so voluntarily (*KEN*); the other (*FRANK*) was initially engaged before moving to a residence where the employment support was not offered. General engagement in the Home Straight programme appeared good, with participants speaking to their EAs on a weekly basis, feeling that the positivity of the EAs energised them to engage in life again, or begin to make attempts to. Despite feeling as though they had a good support network around them, they were not free of their difficulties, and expressed a continued need for mental health support.

*"I was just finding some things difficult because I suffer from (umm) PTSD and depression.... But a lot, lot better, but I am... because I've been here for nearly two years and I've sorted my life out sort of thing and got back on track. I'm a lot stronger and in a lot better place now. ... I'm looking to move out of [Residence] (umm) in the not too distant future" – JAMES*

*"I was motivated but then again I don't like being around a lot of people. But yes, I was motivated to get back into work and get to reacclimatise myself with civvy life". – FRANK*

*GEOFF* embraced the mental health label and felt that it defined his path. He felt that none of the professionals he had dealt with truly understood ExSP, thus in his view there was no true support to help him turn his life around. He felt that he had to do it alone, with the support of various intoxicating substances, which he believed should be recognised as an aid to mental health. *GEOFF* reported being angry at the world (which did not always appear to have a direction), having had a career taken from him that he had wanted since he was a child. He had a negative resettlement experience after being involuntarily discharged for temperamental unsuitability (see glossary), although he stated he was nearly dishonourable discharged. He had spent a short period of time in military prison, which became his second experience with the justice system (the first being prior to enlistment).

*“True depressives don’t go out looking for help or looking to socialise. True depressives are locked in their own mind, in their own flats. That’s how it is”. – GEOFF*

### 9.3.5 Work Readiness

Eight participants engaged in the qualitative interviews, four of whom secured employment (three through Home Straight and one who dropped out), with a further two still engaged at the time of the interview, and two who dropped out. Those who did not take part in the evaluation but who gained employment were reportedly still employed at the end of the evaluation according to updates transferred to WWTW by the EAs. Various stages of work readiness, as discussed in Chapter 3, were identified in the interviews.

#### Programme completers (gained employment)

ExSP who completed their programme and gained employment, talked about aspects of the programme that helped them achieve this. EAs were able to assist in modifying the mind-set of individuals, working through thought patterns and processes on skills and knowledge, to boost confidence and self-esteem in their ability to succeed. *HARRY* who was only in Home Straight for three-months before gaining employment, discussed more active behavioural preparation, working towards a goal already in mind, ticking boxes off his list. These participants appeared to acknowledge the benefit of the programme support.

*“...research prior to jobs. (umm) Which probably in reality that... I could have done myself, but (umm) I just wasn’t in the right place and the state of mind really to (umm) to do it myself. So the help was just you know really absolutely beneficial because (umm) it was needed.” – JAMES*

*“...he tells me how to adapt (umm) because you know even though I’m doing a... a... like a civilian role... I’m working in civilian life. The work that I’m doing is still very military-orientated. But he [EA]... what he says is... he says [name], you don’t realise how many transferable skills that you’ve got! ... I’m really positive for getting back to work and that’s... and that’s... the effect that he puts in. And (umm) I’m quite chuffed with (umm) the employment side of it and the work he’s doing” – PATRICK*

*PATRICK* however, gained and maintained employment for three months, but was not able to maintain the same employment long-term and was unemployed again at the time of the interview. Although he felt he was 'ready' to work, he found himself struggling with the increased pressures of employment in a rehousing residence.

#### Programme drop-outs

Three participants dropped out of the Home Straight programme, one of whom (*FRANK*) found long-term accommodation elsewhere. *FRANK* was fully engaged in the programme and appeared to be prepared and proactively involved in his return to employment, with a voluntary job and getting interviews for paid work. However, at the point of the interview (two-months after dropping out), he was still unemployed, which he felt was related to his attempts for self-isolation and insufficient treatment for his PTSD.

*"I was just following the guidelines that she had given me...I feel a lot more confident when I go for interviews and when I'm doing the CVs and filling in online applications...I think possibly that it maybe more helpful, well not more but helpful if you leave [residence] that they carry on with the contact". – FRANK*

Conversely, another ExSP, *GEOFF*, with physical disabilities from service, did not regularly engage with his EA and personally felt he simply "*could not*" work. He was subsequently evicted from his residence due to antisocial behaviour and substance misuse. *GEOFF* stated feeling as though there was no way forward in the civilian job market and that he could not and did not want to find employment.

*"No. No I don't have a... I can't work, my... my mind and my body is that bad, badly broken now... I just can't. Some days I just can't even work and then some days I just can't even leave the house for these mental reasons because my mind just won't let me". – GEOFF*

#### Still engaged in programme

Two participants were still engaged with the Home Straight programme, receiving employment support. *KEN* however, had gained employment but was receiving support from his EA to maintain employment. *KEN* was unemployed for only a short time during the programme before finding work, feeling he only needed guidance while managing his accommodation difficulties, but wanted support to ensure he did not lose his job. *RONNIE* on the other hand, acknowledged not being ready to work yet due to mental health

problems, and was taking small steps to get there carefully and thoughtfully, but was eager to get there. He was aware of potential military-civilian work differences but felt his mental health problems held him back more so. *RONNIE* described ways of enhancing his skills and qualifications to improve his employability as well as the steps he was taking to explore returning to work with PTSD and what that may mean for him and an employer.

*RONNIE:*

*"Got to make sure that you are in the right frame of mind for starting work and what sort of work do you want to try and do".*

*"I'm trying to get back into society, which is why I'm looking at a college course next year, part time. So I can get more used to people"*

*"I understand perfectly that any job when I'm in the right mental state is a case of I'm going to be working for someone who is younger than me. I understand that perfectly".*

### 9.3.6 Wellbeing

It was hypothesised that gaining and maintaining employment (primary outcome) would lead to personal recovery, an increased sense of wellbeing

Four interview participants gained employment and remained employed (one of whom had dropped out of Home Straight), while the other four were not employed. Qualitative data were analysed for indications of their state of wellbeing and capability in life after programme engagement (as measured by the ICECAP-A<sup>19</sup>).

#### Gained and maintained employment

The three participants who gained employment through Home Straight conveyed positive influences on their sense of wellbeing and self after programme engagement. The impact of a sense of achievement in gaining and maintaining employment enabled participants to express confidence and stability in their lives, feeling able to take steps forward on their own. For those who found themselves homeless quite suddenly, benefitted from the guided support to get back on their feet, scaffolding them for self-esteem and confidence to regenerate. One participant commented that the programme did not contribute much

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<sup>19</sup> ICECAP-A domains: Stability (the ability to feel settled and secure); Attachment (the ability to have love, friendship and support); Autonomy (the ability to be independent); Achievement (the ability to achieve and progress); and Enjoyment (the ability to have enjoyment and pleasure). Scores range from 0-1, with 1 indicating full capability (and potential wellbeing) in life.



to their skills and knowledge but provided the encouragement and support to feel able to return to work and engage in society.

*“A lot, lot better, but I am... because I’ve been here for nearly two years and I’ve sorted my life out sort of thing and got back on track. (umm) I’m a lot more confident” – JAMES*

*“I never thought I was capable.... But ... but now I’ve noticed that there is things that are here for me. And I will able to do that. I will be able to work in the UK from now on. (umm) And I feel confident that I can walk around here and be comfortable in this place. You know so... I... I would look forward to doing that. – PATRICK*

A consequence of the programme support and gaining employment, appeared to be increased enjoyment in life and social attachments, a contrast to prior self-isolation. The EAs were described as *“a breath of fresh air”* (PATRICK), whereby professional friendship appeared to develop with participants looking forward to their meetings. Such changes were also demonstrated in the desire to be involved in close family and intimate relationships, and in hindsight acknowledging the need for a social support network.

*“I think it’s a wise idea to do that because everyone’s got family and friends close by, close at hand, to help them (umm) to adjust and (umm) get them back into the civilian way of life.... I moved to an environment that I didn’t know, that’s when I really struggled. You know I... like virtually no friends around me”. – JAMES*

*“You know and just speaking to him [EA], he cheers me up. And he’s actually... he’s made things that were down in my life, actually really positive”. – PATRICK*

A sense of autonomy and control in life was not directly alluded to, however, participants reported making decisions to move on, feeling as though they have ‘come out the other side’ of a bad situation and are fighting.

### Dropped-out of programme

Non-completion of Home Straight was due to voluntary withdrawal from the programme, or eviction or relocation, resulting in discontinuation of the programme. *FRANK* was actively involved in the programme but found more stable, private accommodation elsewhere, resulting in the loss of employment support. He talked about the positive impact the short time in the programme had, helping him find an educational course that served as therapy for him, instilling motivation and a passion to turn a skill into a business, although with a sense of hopelessness as to how to move the idea forward.

Acknowledged and deliberate self-isolation was frequently mentioned throughout these interviews, with little enjoyment expressed in engaging in social situations. This appeared justified by their thought of being one of a few genuine 'veterans' in the residences and being different to civilians. However, participants reported an element of internal conflict or an expectation of one-way social interaction, wanting to live a solitary life, but wanting enough contact to not be forgotten or ignored, being recognised for their service. The sense of autonomy varied, from wanting/expecting the responsibility for moving forward occupationally and socially to belong to others (employers, support services, civilians), to feeling trapped and under the control of support providers.

*"Well not so much to reassure you as such but to keep you interested and keep you motivated. Like me I spend 90% of my time on my own as such, but it's always nice to know that there is somebody out there that will pop round and say, how are you doing? Try this, try that, sort of thing. Somebody out there knows you are alive basically... after a while you tend to get a bit down about it, about all the rejects and that, you know". – FRANK*

*"I'd always felt like they were imprisoning me, or you know you can't do this and oh you... this and that, you know... If we want it and that, let us have it, not control us because they're very controlling in there. The staff in that place they... they think they were... they run your life and they don't... and they've got to start understanding that and that's why I had to leave". – GEOFF*

Most participants reported experiencing enjoyment in life infrequently. A sense of sadness and/or anger came through in the interviews, which did not always appear to have a

direction (e.g. at the support staff at the residence, at civilians, at the youth of today, loneliness).

*“Because of what the army done to me in that way is I can't... I find it hard to be happy now. I can't be happy. I'm never happy really. (umm) ... when special events happen I... I don't get excited about them no more. Christmas, I don't even celebrate it no more. You know I haven't celebrated Christmas for three years now (umm)” – GEOFF*

## **9.4 Secondary Aim – Qualitative Programme Feedback**

The secondary research aim for the study was gathering qualitative data for participants who engaged in the interviews, to gain a more detailed understanding of the experiences of WWTW clients.

### **9.4.1 Reason for referral**

Within this sample, all had discharged from the AF more than six years earlier, with one participant (*FRANK*) having discharged more than 20 years ago. The two participants who were long-term homeless, had left the AF at either end of the timeline, *GEOFF* discharging most recently in the sample and *FRANK* being discharged the longest.

Pressures appeared indirectly related to their service, as part of a domino effect. Respondents cited service attributable mental health problems, such as PTSD, and difficulties adjusting to the unstructured lifestyle of the civilian world, causing day-to-day challenges. These challenges appeared to influence personal relationships and the ability to either gain or maintain employment. Either due to not being able to stay in the family home or an inability to maintain work, financial troubles began to arise, more directly contributing their present situation. *KEN* and *RONNIE* cited struggling to understand and manage the novel pressure of personal finances, with debt building up.

*“ ... well every time I was getting on like say I was behind with rent or a heap of bills or something. I would just stick my head in the sand and rip up all the letters and just throw them away”. – KEN*

*“I wasn't anti-social, I was just... I had a lot on my mind, the whole world... I was just falling apart as a person inside. Mentally and*

*physically... mentally I was... now when I look back I was... I was metamorphosing into something. ..One day I just had to leave, I had to leave the house". – GEOFF*

*"I just walked out, I was just (umm) living in hotels and things like that and... all my savings I was just wasting it living in hotels" - PATRICK*

## **9.4.2 Veteran Residences**

### **9.4.2.1 Population**

Overall, participants had little to say about the nature of veteran-specific residences. However, three participants had very strong views that were worth noting. Two of these three respondents had only ever wanted to be in the AF, while the third came to this realisation after spontaneously enlisting, all three had negative discharge experiences, two of whom discharged involuntarily (these two were Home Straight drop-outs), while the third voluntarily discharged. They all valued the veteran-specific nature of the housing, believing that the environmental needs of civilians differ from that of veterans. The cultural differences mentioned (e.g. sense of humour, respect for authority, hardworking) were expressed in a way that suggested that these two different populations could not realistically live alongside one another. However, even within the veteran community, sub-groups developed (e.g. drinkers, marines, sport fans), requiring veterans to conform to a group to avoid a sense of isolation. *PATRICK* however, who voluntarily discharged in need of a change, did acknowledge that veteran-specific housing can be both positive and negative, regarding mixed social integration but that it also included less than deserving veterans.

*"...all had the same kind of problems and they are all used to a certain way of military talk and the way guys joke ex-military wise". – FRANK*

*"I don't drink, I gave up years ago due to health reasons, so obviously I didn't mix with the guys that drank or went out drinking and so forth. I don't do sport, watch sports so that was another group I didn't mix with. So I tended to, well for the first six/seven months I tended to be by myself all the time". - PATRICK*

Respondents however, expressed disagreement with the eligibility criteria in the residences, about 'veteran status' and inclusion of civilians. Respondents felt the official

UK definition of a veteran was too broad and resulted in the provision of services to “Walter Mittys” (GEOFF) and “nut jobs” (PATRICK) over and above genuine veterans in need.

*“...half of them didn’t even pass basic training. You know they must have tripped over their shoelace and hurt themselves or something. So that’s an insult to injury”. – GEOFF*

*“And they go ‘No, we don’t need to’. They don’t need it because they’ve got so much benefits that they get pretending they’ve got PTSD and things like that”. – PATRICK*

Similarly, the recent intake of homeless civilians, whereby a small number of beds had been reserved by the local authority, appeared to facilitate strong emotional reactions in participants, demonstrating a sense of being invalidated and short-changed. Although respondents were annoyed at sharing services designed for them, anger and annoyance were further emphasised when talking about the lack of uptake of such services by individuals who they felt were not eligible, as a waste of resources.

*“...it’s one rule for one, different rule for another. Plus civvies don’t know how to act. Nothing against them personally but they are not exactly getting the cream of the crop, if you know what I mean? ... The rules tend to be more relaxed for the civvies than they are for the ex-military guys”. - FRANK*

Conversely, not everyone held these views. HARRY, who described a very negative discharge experience, found that veteran-specific residences did not work for him, as he was trying to move away from the military environment he left behind. The community fostered in the residents was hindering him moving forward.

*“I got a lot of resentment for the army, because I gave a lot to the army and I reckon the army did help fix me before they discharged me, umm.... .... I think that’s the environment they [the residence] needed to break from basically. It was just, the staff were quite good it’s not their fault, but because the military is still in your head basically, it didn’t help”. - HARRY*

#### 9.4.2.2 Rules and Regulations

Based on the personal experiences of the interviewees, some of the rules appeared ambiguous or at discretion. This may explain the misunderstandings of entitlement and inconsistency between residents. Some ExSP talked about potential barriers to engaging in the Home Straight programme and thus gaining employment based on such house rules and regulations. *FRANK* had been offered more stable, private housing but by accepting this, he was no longer able to continue with the employment support he had been receiving, resulting in withdrawal from the programme. Despite continuing with the skills he learnt during his brief time in Home Straight, *FRANK* was yet to find employment at the time of the interview. Conversely, despite some turbulence in his job trajectory, *JAMES* had remained in his residence even after gaining employment, something that both *FRANK* and *PATRICK* believed was not allowed.

Respondents also talked about the limited incentive, except for personal motivation and life goals, to gain employment. They were aware of the local authority subsidising the cost of the beds in the residences, with a proportion charged directly to the resident. After employment has been gained, the minimal rent increases, and the bed is soon to be no longer available, resulting in the need to find alternative accommodation. The pressures build quickly upon achieving gainful employment, where ExSP reported feeling overwhelmed, leading to employment instability, as *JAMES* found.

*"I do feel that they actually don't want you to leave here. And I think the reason being is because this place gets a lot of money from the housing benefits, because obviously it's a charity so therefore it receives quite a lot of money.... I mean they say that they're going to help you to... to move you back into housing and all this, trying to get us jobs and then... but if you do work for more than fifteen hours a week, then you have to leave. So it's like (umm) we're trapped... I feel it's quite a threat" – PATRICK*

*"Well you are not supposed to, but you can stay as long as you want... a lot of places tend to once you've left you are no longer able to access anything because [residence] is the same itself with the other things that they do, once you leave you don't have access to any of it". – FRANK*

HARRY moved out of his residence into a council flat but carried on with his support remotely. He openly stated that he did not attempt to look for work while at his residence as he could not afford it and doing so would have caused greater anxiety.

The strict rules and regulations and financial pressures caused one respondent to retreat, feeling trapped, resulting in withdrawal from Home Straight and relocating to a friend's sofa. However, it is worth noting that GEOFF disagreed with the residences being 'dry' (zero tolerance for drugs and alcohol) and was also involuntarily discharged for temperamental unsuitability.

*"I'd always felt like they were imprisoning me, or you know you can't do this and oh you... this and that". – GEOFF*

### 9.4.3 Programme Support

#### 9.4.3.1 Provision

The scope of Home Straight centres around gaining employment, but with an element of EA-specific variation. All respondents discussed support and guidance around constructing a CV for the first time or reconstructing a new CV from a military-focused one. Abstract re-thinking of military skills enabled Home Straight participants to consider themselves in a different light and apply their capabilities to a civilian work-force. Respondents found this challenging to do, struggling to see how bomb disposal experts, snipers, and Farsi/Pashto language speakers for example, could ever be assets in the civilian world.

*"I never thought I was capable to work in the UK because I didn't think there was anything here for me. But... but now I've noticed that there is things that are here for me". - PATRICK*

EAs appeared to not only assist with job hunting but support the work readiness process from a more holistic angle. Some of the participants in the programme were ready to gain employment but had fallen into the programme due to a series of unfortunate and sudden events. They required minimal support and found work within weeks to months of engaging an EA. While others on the other hand, appeared more at the earlier stages of readiness, requiring basic career brainstorming and assistance to start managing their mental health (referral to Head Start) or enrolment onto vocational courses (referral to First Steps) before attempting to engage in the labour market.

*“So getting that help and that guidance it was... it was a bit of a kick up the arse for me really which helped me like in a... you know quite a lot”. – JAMES*

*“What I actually ended up deciding on doing was one evening a week course in jewellery designing and making...it’s more therapy for myself for concentration but I do occasionally sell pieces to people that I know. I have been looking in the past year to try and start my own little business”. – FRANK*

#### **9.4.3.2 Employment Advisors**

The main areas of support that respondents reported, was motivational and emotional. This goes beyond the direct role of the EAs, but was something that the respondents felt they needed, on its own or alongside more concrete help. Respondents talked of being encouraged and chaperoned to employment fairs, weekly coffee meetings to instil positivity and self-confidence to continue their efforts, as well as encouragement to stay mentally and physically occupied and active while waiting for work through signing up for fundraising challenges. They were able to develop a rapport with the EAs and found their motivating and positive energy *“a breath of fresh air”* according to *PATRICK*.

*“Since obviously being in the programme (umm) obviously I’ve got myself back to work, I’ve got myself in a better place because of [EA]. (umm) I’m looking to move out of [Residence] (umm) in the not too distant future. (umm) And you know I’ve done (umm) like I say I did that (umm) part of the thousand mile walk challenge”. – JAMES*

*“I cannot praise him highly enough. He has tried to assist me, tried to help me and tried to put me on the right path” - RONNIE*

*HARRY* pointed out that support did not need to be military in nature, that anyone can support ExSP, if they want to, the power to make changes rests with the veteran.

*“I don’t think the staff have to be knowledgeable about the Army and that type of lifestyle... but as long as they are there to help you and help you get back on track they only can do their best, it’s up to you to break the barrier*



*basically. Everyone can only do their best, it's up to you to take a grip of your life and try to turn it around basically". - HARRY*

#### **9.4.4 WWTW Profile**

Many in the Home Straight programme had limited knowledge of WWTW prior to their employment support. The extreme challenges and expeditions were sometimes mentioned, although about fundraising only rather than provision of support. *PATRICK* however, was also unaware of the connection between his EA and WWTW until the interview, believing that his EA was from another charity. Furthermore, when discussing the charity with *KEN*, he justified his lack of knowledge of WWTW as being due to not being a wounded veteran; akin to their name, but contrary to their mission statement.

*"I understand everything about Walking With The Wounded because I've seen all the charity work they've done especially going to the North Pole and some other things". - PATRICK*

*"I didn't realise how... to what extent they actually (umm) were helping people. (umm) So I did quite a bit of research on it myself and looked into it and found out you know... a lot of things that they've helped people with....I was quite unaware of what they were actually doing" - JAMES*

*"I've not actually [heard of WWTW]... I've never been wounded when I was in the services, never had so physically I'm fine" - KEN*

## 9.5 Home Straight Discussion

The Home Straight programme embeds an EA in veteran-specific homeless rehousing residences or as outreach workers in other supported accommodation. The aim is to support vulnerable ExSP secure employment and work towards independence, by providing career guidance, sourcing training, job applications and interview skills.

### 9.5.1 Summary points

- Due to small sample size, the evaluation of Home Straight was primarily qualitative in nature, supplemented by quantitative descriptive statistics.
- Mental health difficulties were perceived to be the primary reason or contributor to homelessness, directly and indirectly attributable to military service.
- Almost equal proportions of ExSP completed their Home Straight programme (gained employment) as those who did not or were still ongoing in long-term support. ExSP experienced a domino effect of mental health on their relationship and financial situations. Due to small numbers it was not possible to investigate the direction of causality, but qualitative data suggest that this may be bi-directional.
- The length of time receiving support for ExSP who gained employment was nearly half that of those who dropped out or were evicted. However, the length of time for those still ongoing at the time of the evaluation ended, was in fact longer than the advertised maximum length of stay at the residences, fuelling the confusion ExSP felt around this issue.
- Readiness appeared to play a role in occupational outcomes of Home Straight, demonstrated by the varying programme lengths for those who gained or did not gain employment.
- Irrespective of occupational outcomes, ExSP described having gained confidence and self-esteem from the support of their EA through the skills they had learned. Support received ranged from practical support to psychological support, of which the latter was rated most valuable and contributed to their perception of being ready to return to work. Unemployed ExSP described more feelings of sadness and anger than those who were employed.
- ExSP who dropped out, described self-isolation as a contributor to and a consequence of lack of employment, feeling lonely. They described not wanting to or feeling able to socially engage with their community.

- Feelings of injustice were described about the housing population, whereby ingenuine veterans (e.g. not served in combat or served too few years) and civilians were wasting resources and support meant for genuine veterans.
- ExSP described the perceived negative impact of the UK council housing system as not facilitating success for homeless personnel, limiting their progression and occupational stability.

### 9.5.2 Contextualised discussion

The Home Straight programme embeds an Employment Advisor (EA) in veteran specific homeless rehousing residences or as outreach workers in other supported accommodation. The aim is to support vulnerable ExSP secure employment and work towards independence, by aiding career guidance, sourcing training, job applications and interview skills.

#### 9.5.2.1 Home Straight and IPS

Supporting ExSP engage in civilian work has been a longstanding issue for the AF and society. The Home Straight model resembles that of Individual Placement and Support (IPS; Bond, 1998), but is differentiated by not being embedded within a community mental health team. IPS is a model of vocational rehabilitation which was originally designed to help people with mental health difficulties return to work (see Work Readiness Systematic Review). Home Straight EAs provide the same support as would be provided by IPS workers (although not within a mental health team), but over a longer period, focusing more on preparing to return to work, and associated issues, including guiding mental health help-seeking and vocational training prior to job searches and applications. Home Straight has recently been implemented within health care, in collaboration with the NHS, and WWTW have subsequently received a Centre for Excellence Award.

IPS has been increasingly provided and assessed within the veteran population, with largely positive outcomes. It has been compared in US-based randomised controlled trials to other vocational support programmes such as Transitional Work Experience (short periods in low skill, non-competitive and minimum wage roles), in those with mental ill health (Davis et al., 2018) and in homeless veterans (Leddy et al., 2013), and found to increase the probability of gaining employment, gaining competitive well-paid employment and maintaining that employment. IPS has also been found to aid the return to work for ExSP with physical disabilities (Ottomanelli, Goetz, Barnett, & Njoh, 2018;

Ottomanelli et al., 2012), although the stability of health did play a role in the level of engagement of ExSP effecting successful outcomes.

Considering the evaluation data, the statistics collected by EA's in the Home Straight programme and the qualitative exploration of the ExSP in the programme, the success of Home Straight appears to have two moderating factors; the strength of the personal motivations of the ExSP, and the UK council housing system. An almost equal proportion of ExSP had found employment as had been evicted or dropped out, with length of engagement for those who found employment and maintained that employment almost half the time as those were evicted/dropped out. This was also reflected in interview data with employed ExSP describing their pre-existing readiness, needing only minimal assistance to gain employment. Qualitative data revealed that for those who did not find employment or who dropped-out, mental ill health and psychological adjustment were significant barriers to occupational progression. Although the IPS model was originally designed for those with mental health problems (Bond, 1998), the primary difference between Home Straight and IPS was the integration with treatment or mental health care or specialist mental health knowledge in the EAs. Indeed, evidence suggest that the traditional IPS model has significantly greater positive outcomes than non-IPS interventions (Bond, Campbell, & Drake, 2012; Bond, Drake, & Becker, 2012). More than half of the ExSP in the Home Straight programme had scored as being symptomatic of either depression or anxiety, with all interview participants self-reporting PTSD or PTSD symptoms. Yet, only one of the interview participants had reported receiving mental health treatment, and only one was registered as having been in the Head Start programme for treatment. Thus, it may be worth Home Straight considering mental health team input in their employment support model. Despite many years having passed since their military discharge (for some), some of those who did not find employment or who dropped-out, talked of intolerances of the civilian work culture. As Areberg, Bjorkman, and Bejerholm (2013) point out, acceptance of the system and active contribution from the client is needed to generate positive outcomes. More instrumental support and early stage preparation may be needed for these individuals to improve their occupational outcomes, which may indeed involve engaging in psychiatric treatment.

As found by Leddy et al. (2013) with the IPS model, being in Home Straight did not appear to substantially alter the housing outcomes of ExSP in the programme. ExSP reported difficulties in managing the transition into independent living even with a job, finding the increase in rent and sudden loss of the on-hand support network that residential homes provide. These challenges led to the loss of employment gained through the programme,

reporting that the stresses and increased responsibility of work, housing and bills too much to handle. As stated in a review of IPS in the UK (Rinaldi et al., 2010), for successful implementation of this US vocational model in the UK, buy in and cooperation system wide is required for success.

ExSP in this study discussed the benefits of engaging with their EAs, in boosting their confidence and sense of self. The more time personnel spent with the EAs the more of a therapeutic bond developed. This was not only in connection to those who gained employment, as some of those who were unemployed discussed how they felt empowered and positive about their future and their ability to obtain employment in the near future. It was not possible to validate this against quantitative scores however, due to the small sample size. This may in part be the length of dedicated time EAs devoted to their clients (which may be EA-specific, as many described their EA going '*above and beyond*', organising support outside the scope of the traditional vocational support model). It may also be down to the increased readiness focus that the EAs took in the Home Straight programme, spending longer on the work readiness (e.g. career sector guidance, discussions surrounding military-civilian cultural adjustments) than the traditional IPS model proposes (Bond, 1998). ExSP who willingly dropped out of the Home Straight programme did not express the same positivity, describing more frustration and anger at life, and civilian employment in particular.

Such non-vocational outcomes (e.g. self-esteem and autonomy and agency) not a consequence of employment, have not been widely evident in IPS research (Leddy et al., 2013). However, it has been evidenced qualitatively (Areberg et al., 2013) based on the positive relationship developed between the EA and the client, although this may be a consequence of advisor specific differences or the mere result of intervention and social interaction rather than nothing (Kukla & Bond, 2013).

On the surface, in comparison to integrated mental health employment models such as IPS, Home Straight appears to have both assets and drawbacks. Home Straight provides greater work readiness focus, found to be beneficial, but is potentially lacking further mental health support, which may be identified early on in the work readiness process. Therefore, a further integrated model, incorporating both, may be advantageous.

### 9.5.2.2 Home Straight and the wider landscape

Little is known about the homeless veteran population. Homeless ExSP are a difficult group to research, as they are hard to locate and some (if not many) may not want to identify themselves as having served (Elbogen, 2014; Johnsen, Jones, & Rugg, 2008; Randall & Brown, 1994). The sample in this study offer a small insight into the lives of homeless ExSP. Although they all acknowledged veteran status assumed by their eligibility for veteran residential housing, qualitative data revealed that some did so purely to receive help and leave the streets but did not necessarily internally identify themselves as a 'veteran', some falling under the "Rejected/Lost Veteran" typology.

Corroborating existing research (Metraux et al., 2017), ExSP who more recently found themselves homeless, described non-military contextual factors as creating a ripple effect leading to their present situation; the breakdown of personal relationships (not being able to stay in the family home) and/or redundancy, causing subsequent financial troubles. However, upon discussing their personal backgrounds, it appeared that many of the more recent difficulties ExSP were facing, linked back to mental ill health, often described in connection to their service (managing in-service stress, or post-service adjustment) (Rosenheck et al., 1994; Rosenheck et al., 1989). However, not all ExSP felt these issues were connected.

Conversely, ExSP who had been homeless for an extended period of time, had explained difficulties adjusting to civilian life and mental health problems as direct causes, as also evidenced in earlier research (Rosenheck et al., 1994; Rosenheck et al., 1989). There was a sense of doing what they were trained to do, survive, helping them feel more comfortable than 'normal' civilian life was able to offer. Difficulties adjusting appeared related to their post-military identities (discussed further in section 11.4) which had subsequent effects on their social and occupational integration, as demonstrated by their apparent choice for homelessness, although direction of causality cannot be confirmed. After more than a decade of homelessness for these individuals, they had entered the veteran residences and the Home Straight programme via referrals from shelters, coming to a realisation or crisis point for needing support.

At the other end of the programme, ExSP described the process of returning to independent living after having gained employment or to help the process. Despite the AF Covenant highlighting housing as one of the primary focuses of the support framework for the AF community (Ministry of Defence, 2011), ExSP appeared disillusioned with it, not believing in its function or ability to facilitate equal or preferential opportunity. ExSP

reported feeling disadvantaged by their service, as (often) being a single male, places them behind civilian adults (often females) with children. This coupled with substantial increases in rent and loss of welfare support simultaneous to obtaining employment, appeared to be destabilising influences for ExSP in these veteran rehousing residences. Although AF charities (and subsequently the Covenant) were born out of need and perceived failings of government and society, there still appears to be shortcomings.

The recent veterans strategy briefing in November 2018 (House of Lords, 2018), has re-encouraged better identification and assessment of ExSP in need and for better information and guidance on housing matters upon leaving the AF (to avoid initial homelessness), but little was said about the steps to independence following housing challenges once experienced. Under the rubric of the Covenant, ExSP are accessing emergency housing, but there does not appear to be a joined up or integrated arrangement to progress within the social welfare system. However, this may not be specific to the AF community (Ministry of Housing Communities & Local Government, 2018).

## **CHAPTER 10: Occupational Identity - Qualitative Results**

This chapter aims to answer objective six; to explore potential explanatory effects of post-military identity and their contribution to civilian occupational outcomes.

### **10.1 Sample Descriptives**

Table 47 in CHAPTER 6: - WTW Evaluation Results Overview, presents the demographic data for the 32 interviewees, 20 of whom participated in the evaluation surveys. Most (75%, n=24) participants were from the Army, over half (56%, n=18) were of enlisted rank and around half (47%, n=15) had left more than 10 years earlier. Only three ExSP had left in the last two years). Although just under two-thirds (65%, n=20) had been content leaving the AF, only 31% (n=10) had voluntarily discharged. Most (59%, n=19) had described their overall military service as positive, but over half (53%, n=17) also described their discharge experience as negative.

Although all ExSP interviewed talked of mental health difficulties, twenty-six (81%) were categorised as having mental ill health by WWTW, based on their initial assessment forms. Only 15 (46%) of these individuals came from the Head Start programme.

As described in section 5.5.4 in the Methods Chapter 5, all participants were given pseudonyms, which have been presented alongside corresponding quotes below.

### **10.2 Overview – Development of post-military identity and occupational outcomes**

In the interviews, ExSP described their experiences of military and post-military life, were asked how they identified themselves and the role they felt their occupational journey played in their identity.

This chapter presents the explanatory factors that appeared to contribute to the evolution of a post-military identity and civilian occupational outcomes. ExSP's views and experiences that were generated from the framework charts, were militarisation, exit expectation and experience, occupation/vocation, and psychological adjustment. Factors within these themes appeared to explain the trajectories that ExSP were on or had followed, significantly contributing to their post-military perspectives of and approach to civilian life (see Figure 25), described below in sections 10.3.1, 10.3.2, 10.3.3 and 10.3.4.



Table 53-58 in section 1.1 in the appendices provides the summary tables for these chart themes.

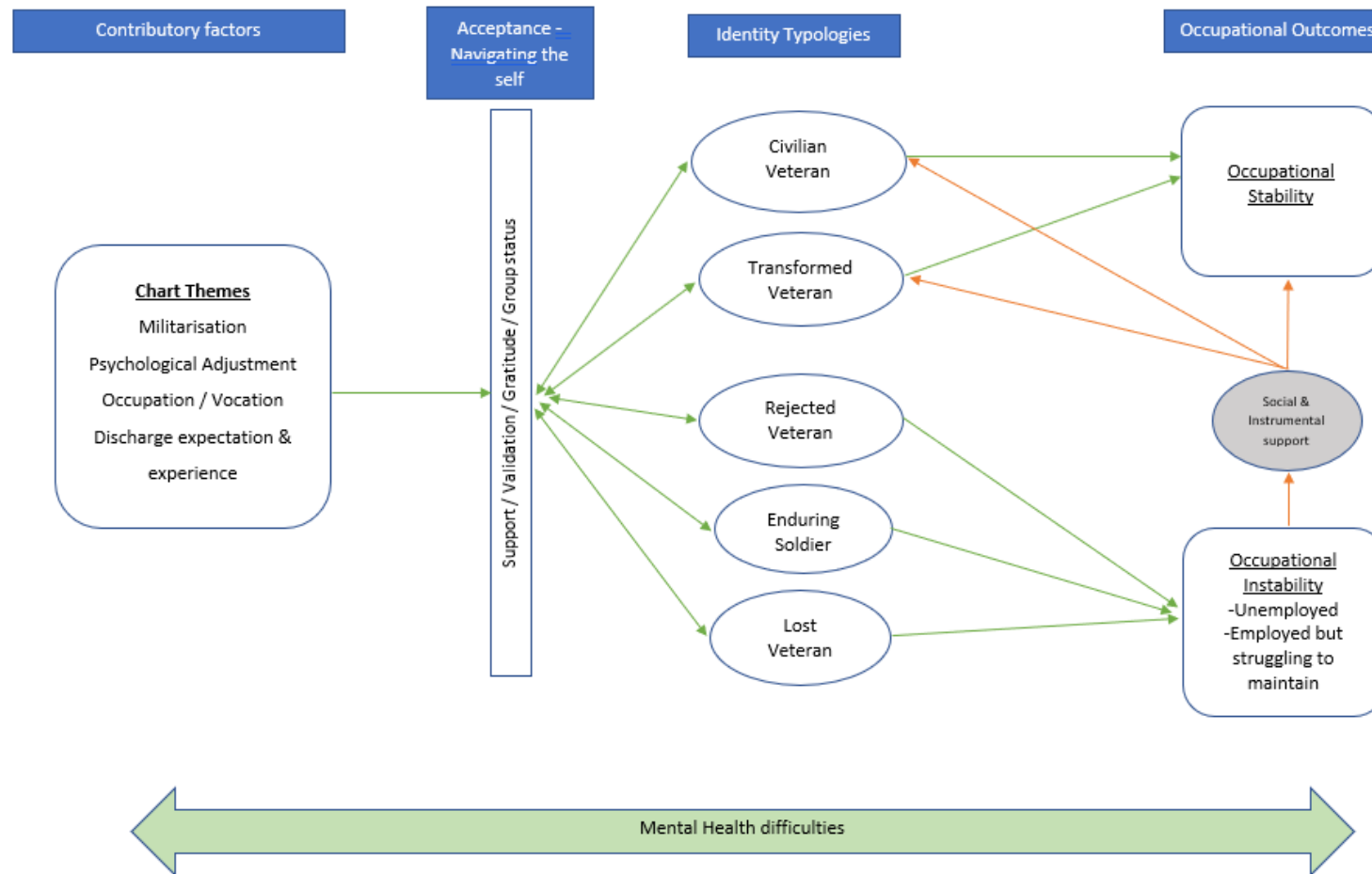
These four chart themes alluded to four supra-themes, themes that appeared to best encapsulate the experiences and seemed pivotal in the acceptance of change (which too was observed as a key issue identified in the occupational identity review in CHAPTER 3:). The four supra-themes were validation; gratitude; support and group status (see Figure 27). Despite the varying experiences that ExSP had during their service and discharge, these four concepts explained the commonalities among them and appeared fundamental in forming the perspectives and occupational outcomes of ExSP in civilian life.

The observation of commonalities and trajectories in the transition experiences of ExSP indicated potential different identity types (typologies); an outcome possible through the Framework Analysis approach to qualitative data (Ritchie & Spencer, 1994). Five typologies were generated from the data, suggesting functional and less functional identities with regard to occupational (and social) outcomes; Transformed Veteran; Civilian Veteran; Enduring Soldier; Lost Veteran; Rejected Veteran. The process of post-military identity development is illustrated in Figure 26 with the decision criteria each identity type that became apparent from the themes presented in Table 7 in the Methods Chapter. Table 57 in APPENDIX 5 provides the summary table for the post-military identity typologies.

Figure 25: Themes and sub-themes of the key experiences during the military-civilian transition



Figure 26: Thematic model of the post-military identity typologies and occupational outcomes



## 10.3 Identity Transition factors

This next section discusses the main themes, the factors that have appeared relevant to the work-related identity transition process from military to civilian environments.

### 10.3.1 Militarisation

The extent of militarisation (service identity) appeared important in the journeys of ExSP to civilian life. Enlistment reason and immersive culture were two categories/sub-themes (see Figure 25) that became evident in the data and were noticeably carried forward through their discharge. The strength of militarisation that personnel in this sample felt, seemed to operate as a lens through which they saw civilian life; causing constant comparison, wistful reminiscence or rumination.

#### 10.3.1.1 Enlistment Reason

The primary reason for study participants joining the AF was that it was all they had ever wanted to do. Most (40%, n=13) had dreamt of being a soldier when they were a child and had enjoyed military-related games (e.g. playing with toy army figurines). Several ExSP began making proactive plans to enlist in their respective branches, by joining military social groups such as Sea Cadets or had gone to a military college. They had not contemplated any other career and found civilian employment difficult to conceptualise.

*"I always wanted to join the Army, I was down the careers and when they told me there were no chance of getting in before I was twenty-seven. When I walked out I was physically sick, I was actually... I vomited in the gutter. (umm) Just the once, but that's how bad I was. And then when I got in, I excelled, I just threw myself at it. And... and that's when I knew that where I belonged" – GEOFF*

*"I'd always wanted to join the armed forces as a kid, particularly being within the Army and... and as a young teenager I (umm) read about the Royal Green Jackets and... and decided that was the unit I wanted to join. (umm) I guess one of my sort of heroes as the time, as a kid, was [famous person] and he was ex-Army (umm) ... I thought that that's the sort of thing that I wanted to do with my life" - WARREN*

Conversely, a minority (18%, n=6) described having no real desire for joining the AF and had enlisted spontaneously. Amongst these individuals, there appeared to be an element of not being sure what to do with their lives, as well as intrigue by current excitement about the portrayals of the AF in the media at the time or being persuaded by friends.

*"I needed to do something. (umm) And then... then the idea of joining the Army flashed into my mind, it's nothing I'd... never even considered it beforehand. (umm) So you know I'm off down to the careers office" - BEN*

A few ExSP used the military as a form of escapism (9%, n=3) such as avoiding the poverty of their local area or trying not to fall into the criminal justice system as friends had done. Some disclosed that they were looking for a sense of belonging, escaping the loneliness of their current lives, but also looking to escape a future of poorly paid employment and mundane work. They described having no real desire for the AF specifically but did not feel they had other choices.

*"I wanted to go away from where I was living, it wasn't a particularly rough area, but I just wanted to get away you know being drawn into something that I didn't want to be drawn into" - JOSEPH*

*"I joined at a young age from a very poor background, I had a lot of problems growing up with disruptive parenting. Then I joined the Army because that seemed to be a good route. I considered myself as a, not an ideological recruit, but more socio-economic." - ADRIAN*

A smaller proportion (12.5%, n=4) of ExSP joined the AF out of family expectation or tradition. Their reasons for joining varied with some feeling as though it was what they were meant to do, others feeling it was also all they knew, whilst another felt pressured but ambivalent to join.

*"My (laugh) mother! (umm) Yeah! Pretty much I... (umm) ... my mother thought it would do me good. So I joined. Not that I'd have had much say at sixteen, I suppose" - SHAUN*

*"I come from a service family (umm) so all I'd ever really known was boarding school and the Royal Air Force I suppose. (umm) My father was an extremely successful (umm) Air Marshall in the Air Force so there was an element of that" - JACOB*

Contrary to more than half of the ExSP in this sample, who did not convey a strong desire, one participant felt quite strongly that no one just joined the AF on a whim. *ARTHUR* suggested that people do not join the AF for a job, there has to be an internal desire for something greater. Organisational identity was high early on in *ARTHUR* and also in those who had always wanted to join.

*"...you don't go in the forces for a job, you go in the forces because you want to do something for your country" – ARTHUR*

#### **10.3.1.2 Immersive**

Experiences during service appeared to have generated a strong sense of meaning for many of the ExSP in the sample, described as being all-encompassing and becoming part of their whole life. However, this was not internalised for all. The extent to which the ExSP in this sample identified with the organisation, determined the strength of their in-service military identity, strengthened further by those who had a strong desire to enlist. For others however, their identities were more closely tied to their role or trade (e.g. engineer) and seemed to facilitate an easier transition.

The immersive aspect and culture created in the AF was described as quickly erasing their civilian past and changing their world view, as though they looked at the world with military tinted glasses. Whether they wanted to or not, many (n=11) described how their entire lives had become military, they felt like they lived, ate and breathed the military.

*"The Amy taught me (umm) to (umm) it's very respect for others, (umm) selfless commitment, loyalty, integrity, discipline and courage both moral and physical. And that's how I like to think I live my life in the army and that's how I try to live it in the big wide world" – BILL*

*"You eat, drink, live, sleep the Army" – RAYMOND*

Although most looked back negatively about not having many personal responsibilities (e.g. bills), they said they recognised that this was critical to be able to do a job such as that which the AF demanded. The discipline of which they believed to be useful in civilian work too.

*"...when I look back I was indoctrinated quite a lot! (laugh) You know, there was a little bit of brainwashing goes on. There has to be otherwise who else is going to run into a load of bullets?" - GEOFF*

*"The Army don't want you to worry about things because that's when you become a bad soldier" - HARRY*

It appeared that the all-encompassing nature of the AF took effect in the formative years of service. Even those who would be described as ESLs (12.5%, n=4), felt deeply embedded in military life, particularly those who had always wanted to serve.

*"I know I'd only been in for four years, but in those four years, you do become (umm) a different... a different person in the world" - CALLUM*

However, not everyone felt this level of emotional and psychological commitment, despite the AF overseeing most aspects of their lives. Some respected the military institution but felt detached from it. These ExSP did not enlist with a strong passion, and it seemed that this passion did not grow either. These individuals expressed greater occupational mobility in civilian life.

*"...you had to learn about Army ways of life, (umm) you know routine, discipline, you know addressing other people at various ranks, etcetera. All that type of thing and you know ultimately being trained to do a particular job. I understood you know there was ethos and sort of you know it's all about team, it's all about working for your colleague and the situations where you know the buddy type system so... I was pretty au fait with that and (umm) you know whilst I wouldn't say that you know polishing your boots every night for the next day type of thing was (umm) you know was probably an effective use of resources, I understood why it was done" - TOM*

*"I didn't even see myself as military when I was in the army, I just was in the army" – HAMISH*

### 10.3.2 Exit Expectation and Experience

The process that ExSP went through as part of their transition out from the AF varied quite considerably and appeared to be a pivotal time for most ExSP. Experiences such as rejection or being valued by the AF, stayed with ExSP and either reinforced positive perspectives or tainted them. For those who had a negative discharge experience, this period of time was often spoken about during the interviews and seemed to be a period they struggled to accept or move on from. On the contrary, those who had a positive discharge experience, infrequently talked about their transitional period and instead focused on their time in service. Although discharge expectation and experience did not appear to directly impact upon later civilian work-related identity, the sense of appreciation and recognition appeared to influence their self-worth and motivations for civilian work/life.

Figure 25 illustrates this charted theme, with belonging and experience as categories/sub-themes. These two sub-themes appeared quite deeply entwined, as experiences often affected their sense of belonging.

#### 10.3.2.1 Belonging and rejection

Sudden shock of exit was frequently described but was not limited to being involuntary discharge (e.g. redundancy, medical discharge). Even ExSP who voluntarily left also experienced an unexpected downgraded status, angry at the way they were treated upon leaving.

*"I got one days' notice" - ARTHUR*

*"...and handing your ID card (umm) ... At the end of the day when there was nobody around, there was nobody to say goodbye to...and you know your usefulness has gone and you're not needed anymore so you know the Army doesn't care anymore because you're no longer serving" – BILL*

More than half (53%, n=17) described a negative exit experience and were disappointed and angry with the way the AF had dealt with them. They described feeling devalued,



surplus to requirements and used, as soon as people found out they were due to leave. The time from the point of signing off to the point of discharge was described as too long; they just wanted to leave rather than drag out the pain and anxiety of leaving a career they did not want to leave. Some held onto this negativity surrounding their exit, describing bitter feelings towards the AF as an establishment, causing an internal conflict in their sense of self. Expressions of being shifted to out-group status before having even left. None of the Officers in the sample experienced a negative discharge (all described either positive or neutral experiences).

*"...yeah I loved it, but it was the way I was kicked out, it was the way they done everything, that turned that good time into a bad time. You know because you look back and think well what was the point of me putting in all that effort and all they do is take..." - GEOFF*

*"I couldn't do my job at that point, you're weak, you've failed, you know you are no good (umm) to anyone" - HAMISH*

Several ExSP who were medically discharged felt poorly supported and devalued. They commented that if the AF really valued their personnel, they could re-allocate injured personnel to other roles or provide better treatment. Bitterness, the sense of abandonment and the perceived avoidable loss of their career remained with ExSP, with later civilian instability attributed to these experiences.

*"I got a lot of resentment against the Army because I gave a lot for the Army and I reckon if the Army did help fix me before they medically discharged me I think I would have been fine in life basically" – HARRY*

*"I think I still could have stayed in, maybe not doing my actual job, but I think I could have done a different job because I think it's silly to kick me out for an injury where I could have done work" – ERIC*

However, others (47%, n=15) did not leave on such negative grounds and seemed to think of this period of their lives as just a moment in time. They had received good support from their regiment and were provided with information and time for resettlement, feeling valued. These individuals also described increased readiness to embrace civilian employment.

*"I left on a high, very happy with my time. So no, (umm) very happy to go when I did. Very positive" – HENRY*

*"I thought right you know you've done twenty-three years, you might as well punch your ticket and go and find something else to do. The Army is usually quite supportive in your last year" – BEN*

*"...as much support as I wanted, the organisation was prepared to offer. I... I would just put that down as an average service where people were helpful (umm) and I got what I needed I suppose. I think it's probably an awful lot better than many other companies would do for you" – JACOB*

Twelve (37.5%) of the ExSP in this sample received a medical discharge, and a further three (9%) received mental or physical health treatment during their service. Of these 12 ExSP, few had positive comments to make about their in-service and/or resettlement support, and this became an issue for them going forward, something they were unable to forget. These individuals felt disadvantaged by their service, looking back as having had a false sense of security and group status, not being as valued as they thought they were at the time, the realisation of which challenged their later world beliefs. Eight of the 12, had left service within the last five years, thus serving more recently and since the increased awareness and public campaigning of mental health care.

*"...it's the way they tell you all these things, it's the way that they knew I was going through a bad time with my PTSD and they just left me to rot basically" - HARRY*

*"You've got the full resettlement package, your heads going round and round because you've just lost your career. You're in la-la land. You know you haven't got a clue what's going on. You try and desperately sort courses out" - MARCUS*

One ExSP had a unique perspective, in that he had served twice and discharged twice, in different ways. JOSEPH had served a full career and had a positive exit through retirement, treated well and provided with plenty of information and support. He later re-joined his local service engagement to pursue a course that he felt could help his civilian career but

was medically discharged for a back injury. Consequently, the negative ending to JOSEPH's positive career is what stayed with him.

*"...the support that I had whilst I was you know getting out on the twenty-two was phenomenal" – JOSEPH*

*"...if they'd have offered me further medical support on the outset ... I find that medically discharged personnel don't get the full support" – JOSEPH*

ExSP talked about the process of leaving between the point of giving notice to leave (or receiving notice of their discharge), and their last day of service. Many described a feeling of being lost even before having even left, reiterating the sense of abandonment from their 'family'.

*"I didn't know what I had to do. ... They've given me no support whatsoever. I've struggled, I've made mistakes, but I've wasted my time. I could have used my resettlement better. Everything - I was just so badly managed" – JESSICA*

Those who attended courses and engaged with the Career Transition Partnership (CTP) for transitional support, described how they were funneled and encouraged into particular professions (e.g. private security contractors, construction workers). They did not feel that there was psychological preparation for alternative careers; encouraged to be realistic not ambitious. ExSP talked of being made to feel as though they had nothing to offer and could not be an asset to employers unless in a 'military style' capacity. Such difficulties were described as delaying their occupational adjustment and mobility, leading them to jobs that misaligned with their sense of self, causing occupational instability.

*"I declared up front I don't want to go into the Defence sector, they kept trying to shoehorn me into the Defence sector. Now I can absolutely understand that because of skills, etcetera, etcetera, experience. But that's not what I wanted" – JACOB*

*"I didn't fit into the category that the MOD wanted, because I wasn't transferring all my skills into employment, with what I already had, I knew I wanted to do something completely different, so it didn't remind me of all the memories that I had..." – JESSICA*

An area that was mentioned as falling short was psychological, cognitive and emotional preparation for life as a civilian. ExSP who had all of their occupational and housing plans in place still found that they struggled to adjust for many years, and one participant described realising that this was because he was institutionalised. Difficulties accepting and adjusting to civilian work culture and structure were strongly felt by these individuals.

*"Because I've got everything planned and you know everything's sorted.*

*(umm) And so that... the one thing I know realised is where I needed the help particularly is for someone who is so (umm) has been in so long, is so institutionalised, (umm) which probably isn't so much of an officer thing, but I can imagine you know a lot of the young lads that join up early and (umm) the army has been their lives" - HENRY*

### 10.3.3 Occupation/Vocation

Factors surrounding having an occupation were often mentioned as part of the identity shift process, which either helped or hindered this process, or was something they were yet to experience and looking forward to. Positive and negative comparisons to their military careers were continuously made. Even those positive about their civilian futures, or who were looking for different career ventures, described seeking purpose and pride, feeling as though they needed more than 'just a job'. Figure 25 illustrates the charted theme, with duty importance and seeking future purpose as the categories/sub-themes.

#### 10.3.3.1 Duty Importance

ExSP frequently talked of what their roles meant to them and the importance of their service. They appeared to value the purpose of their role, which was often used as explanations and justifications for difficulties faced in civilian employment, described as lacking in purpose and excitement.

*"In the Army everything is great, yes, you are fighting for your country" – HARRY*

*"...it's the sense of purpose that keeps you going, it's wanting to be... you know to make yourself better, to be a better person all the time, to keep pushing yourself. And that's what the military does" – BILL*

Having a sense of purpose in their work was described as important and something that they found absent in civilian employment, and difficult to adjust to. Particularly ExSP of a more senior rank (NCO and Officers) described the civilian world as not being able to offer them the same level of importance and recognition. Some ExSP reported that this had a significant impact on their sense of self, affecting their self-esteem and ability to maintain a stable civilian life.

*"You go from somebody that has been in charge of (umm) of many a hundred... hundred or more people and then you go down to being just in charge of yourself. Where if you're in a civilian life, it's just job role and job specific in civilian life. Where you just look after yourself and that's... and that's all you're doing, look after yourself and look after the career, there's no onus on looking after anything else" - JOSEPH*

Although most ExSP did not look back at their service as purely a 'job', they knew that the bottom line of the AF was to perform a duty or task that was asked of them. Everything was connected and associated and always came back to their ability to do their job. The organisational identification had negative effects on their personal life, leading to feelings of sadness and regret. The military mindset however influenced how they dealt with these difficult personal situations.

*"I think I've probably been depressed for (umm) in some guise or another for about a decade whilst I'd still been in the (umm) in the services. And the contributory factors to that were... (umm) excessively demanding jobs (umm) which over a long period had a gradually detrimental impact on marriage (umm) and family. So ...what you do in those circumstances is you just grit your teeth and get on with it. You know you've still got to deliver the job. But I think what it does to your mental health is it gradually (umm) erodes your resilience" - JACOB*

*"...going out there with your chest puffed out thinking you're ten feet tall and you can take the world on - you can't" - ROGER*

Even those who did not feel emotionally/cognitively committed and attached to the AF, conveyed a sense of 'job pride' to be doing good work and protecting people, and they talked of the medals they had been awarded.

*"Millions of pounds worth of stuff on my signature and I was in a very high-profile job for you know a young guy while I was doing that in [conflict zone] and... which I really enjoyed it, you know I enjoyed the pressure, enjoyed the mind like... I liked it and I was good at it.... I just never got down from that, you know that pedestal, that high" – JONATHAN*

*"You don't leave the Army with an exemplary medal for nothing, not many people get it and I got one. I was a good lad. I loved my job and I worked hard" – JOSHUA*

Specific military roles and jobs appeared to generate a deeper sense of self and pride for some. Participants described an element of competitiveness, suggesting a hierarchy of worth, which was carried forward with them into civilian life and work.

*"It's like you have different degrees of I suppose hardcoreness of the Army. You have the infantry and you can have Paras and you have Royal Marines. And they are the... the more hard-core soldiers, they are soldiers" – WARREN*

*"...they take the mickey out of me because most of them are infantry and they take it out of me because (umm) you know I was an Engineer...well one of them guys has got three medals. I've got sixteen! Now and I wore a green beret" – PATRICK*

They described how the excitement and adrenaline of their duties set them apart from civilians and contributed to their sense of self.

*"If someone was letting the side down, you would motivate them any way possible, erm, to make sure they, they, they performed because obviously lives depending on it" – BRIAN*

*"You know the biggest danger to a soldier is boredom because... we used to do sort of crazy stuff just to like take the boredom away" – MAX*

#### 10.3.3.2 Seeking Purpose

Upon leaving the AF, ExSP described the continuous search to fill the gap that the military had left. Unemployment, inadequate or underemployment was frequently referred to throughout the interviews and seemed vital for ExSP to move forward. For many, the deep sense of purpose and pride they felt when serving was sought in every employment opportunity.

*"I definitely think that finding suitable employment is... is a massive, massive part of that process that will help you with your general wellbeing if you like" - BEN*

For three ExSP, this meant trying to return to the AF through the reserves or joining another service branch. Seeking to replace/replicate the sense of purpose and pride they felt, even in civilian employment, was described as never quite meeting their expectations, leaving them feeling disappointed and lost.

*"I realised when I joined the TA [after leaving the regulars], it's the never the same after you've left something and gone back to it" – BILL*

Some ExSP described a distinct lack of depth in the civilian roles they had acquired. They explained how this held them back to an extent, resulting in frustration and rumination, and causing social isolation.

*"I think the excitement of being in the Army and then all of a sudden you are not in the Army and doing a job I love there's no, what's the word, there's no soul" - JOSHUA*

*"...sticking me in an office is just... nothing what I wanted to do with my life and it was... and it was totally soul-destroying" - WARREN*

However, ExSP who were either content leaving, or looked at the change more positively/constructively, appeared able to consider their transferable skills in a more abstract way and found civilian employment that satisfied them and renewed their sense

of purpose. For some this was seen as better than in the AF.

*"I get more job satisfaction and appreciation where you don't really get a lot of that in the Army. It doesn't matter how hard you try it just means they want more out of you" – LENNY*

Despite this, there seemed to still be a search for the 'ultimate job', that matched the excitement in the AF, even if in a different way. Both ExSP who identified strongly with the organization and those who primarily identified with their role, described seeking more than a job.

*"I enjoy what I'm doing now. But (umm) there's always that... that wish of (umm) the ultimate job isn't there" – JAMES*

*"I just want to make a difference... it matters... it's working with high need individuals. So some get it, some don't. So if I had the one success out of ten, then to me that's rewarding" - SHAUN*

Regardless of the type of employment sought, most ExSP described challenges with the civilian employment environment, the different hierarchical structure, and the differences in work ethic and job pride in their colleagues. Many described feeling as though they'll never quite be part of the civilian in-group with work as the differences were so vast.

*"...other people around that I was working with weren't doing what they should be doing and that annoyed me. So... again it's all about the work ethic" – SHAUN*

#### **10.3.4 Psychological Adjustment**

The psychological shifts for ExSP leaving the AF varied. Experiences during their service and transition played a role in their ability to adjust to the change in career and life, and ultimately their identity. Significant positive and negative changes in agency and autonomy were experienced differently by ExSP, as well as the ability to acknowledge that their lives had changed, primarily the control over the loss of their career. Their self-appraisal as a result of their experiences appeared significantly affected. Figure 25 illustrates this charted theme and the categories/sub-themes within it; control, acceptance and appraisal.



#### 10.3.4.1 Control

Many ExSP described the how they did not notice or realise the extent of the control that the AF had over them until they left. They felt an increased sense of autonomy after leaving the AF; for some this was a positive shift while others saw this less so. Although most acknowledged missing the AF (some wished that they were still serving), most recognised the benefits of being in control of their own lives again. Being grateful for the small things was valued as a significant novelty.

*"I think it was just me actually regaining some control back, having my life back....it's ideal being self-employed because I can if I wanted to pick and choose when I work" – FREDDIE*

*"I definitely feel like there's just a weight off and a freedom that I didn't have before. But it's your own responsibility now and that feels better because I feel like if things don't happen it's my fault and if they do it's because I worked hard for it" – LENNY*

However, some did not feel comfortable having this level of independence and described how they preferred having structure and a chain of command to give their life some order, order they felt they could not facilitate themselves. An increased sense of control seemed to make some feel out of control. These ExSP describe a lack of purpose to their lives in the civilian world, feeling lost and with no direction, and described how the lack of structure, feedback and hierarchy in civilian employment made them feel uneasy.

*"There's no... there's no one willing me now to push myself" – BILL*

*"I'm not settled. I don't feel settled, and I am not in control of my own life"*  
*- JESSICA*

#### 10.3.4.2 Acceptance

There was no definitive view as to when acceptance of a life change occurred, but ExSP described coming to terms with certain aspects of civilian life and work, while struggling with others.

ExSP vividly recalled the challenges of their psychological adjustment. They described experiences and feelings that they found hard to come to terms with and felt stuck at certain points since leaving the AF. Most ExSP often referred to occupationally related issues, and although there were other things that they missed about their time in service (e.g. structure and camaraderie), the main difficulties they described were connected to their work-related self.

*"...now that things are starting to settle down .... I'm starting now to really focus on my job being boring" – MARCUS*

*"I think that was the hardest thing really. Sort of being at the top of your tree and then effectively being at the bottom again" – LENNY*

*"I guess it was just the whole being out in the big wide world. I didn't realise it was actually going to be as hard as it was... it's almost like you are under the impression that you are going to walk straight out into a job because everyone wants the military, and everyone wants someone who is ex-military and it's not always the case" - FREDDIE*

Other difficulties that ExSP experienced immediately post-service, were connected to mental health problems. This included trying to adjust to civilian life whilst managing PTSD for example or being diagnosed with a common mental health problem after discharge, which some felt may be related to adjustment difficulties. They described this as having a detrimental impact on their ability to integrate and find a new work-related self. ExSP described finding it a challenge to know whether and/or how their illness fitted with their identity; who they were because of it and in spite of it.

*"...if you've got bad PTSD, you're bound to get fired, or made redundant. That's just a fact...people just judge straight away, they think, oh, well, he's done that so he's bound to be, you know, a fruitcake, so and you, you end up, you end up feeling, put in that, that sort of that category a little bit, you, because you do feel, you know that you're not part of society" – BRIAN*

*"...one day I can be fine and then then next day, I'm a complete ball of mess and there's times where I don't even want to accept it myself. I've tried to get over it" – JESSICA*

Some ExSP were still finding the adjustment to civilian life challenging, years after leaving. This was just as true for those who left voluntarily as those who were discharged. Issues around identity and purpose were frequently raised, particularly for ExSP who had not found civilian employment that resonated with them.

*"I wish I where there. I wish I could still help... I feel (sigh) I feel very weak because I can't... I still want to do my bit, I still want to go in the force, I'd still join up tomorrow, I still feel... I've got something to give" – ARTHUR*

*"You know we're all institutionalised to a degree and that sort of breaking out of that seems quite difficult for a lot of people. (umm) I didn't anticipate any problems with that, but it's actually been much more difficult than I thought" – BEN*

Many described how they were beginning to understand civilian life and come to terms with not being in the AF. Although they still found it hard and still referred to leaving the AF as being 'on the outside' or in the 'civilian world', they felt they were starting to feel comfortable and were looking to the future, enjoying small little changes as well. All of these ExSP had discharged more than two years earlier.

*"I'm there now, you know now a long time and it... you accept stuff... I've blended in now I think. I find... but... it's easier for me now to... to work and things" – SHAUN*

*"I definitely prefer the, (umm) ...you know there's minimal stress in my job compared to my time in the Army. You know plus at the same time I don't get shot at in my job! Which is always a good thing...I'm finding it really nice on the outside. I am enjoying civilian life" – MAX*

Some ExSP described feeling ready to begin moving forward but that it was still in process, requiring a conscious effort. They were looking toward new work opportunities and becoming more integrated into their local communities.

*"I'm looking into probably you know starting rugby or a sport of some type which will obviously up... mean up to meeting people weekly with interests that I can start... you know building these friendships up" – MAX*

*“...trying to work on what’s been... what you’ve been taught with tools to try and keep yourself from ruminating and... and (umm) moving forward”*  
- ROGER

One ExSP however, described trying to adjust, explaining how he had removed all military-related aspects of his life in order to do so, which he felt was working for him. He had not wanted to leave the AF and therefore felt that making a clean break was the only way to move forward.

*“I didn’t want out the Army, but once you in the military you need to cut off the military life. If you try to stay in that military bubble you’d be in there forever and you’d never get better. So you need to start meeting people from civilian street and get out of the Army bubble basically”* – HARRY

Another ExSP who offered a different view was ERIC. He had always wanted to be in the AF and had been medically discharged just less than a year at the time of the interview. He had described his discharge process as “horrendous” but felt he had already accepted the change and moved on, feeling lucky to have had family support and have found a job he loved so quickly.

*“...it’s a bit like my military string has gone now. I think I’ve got over it now, but it will always be a part of me that still wants it. But I think I’m over it now.....It wasn’t hard it was just a bit of a culture change really”*  
*“I love my job now to be honest”* - Eric

There were also a few ExSP who did not talk of any major adjustments, remembering feeling settled quite soon after leaving. These individuals also suggested reasons for this as being “not very militarified” (HAMISH) when they were serving.

#### 10.3.4.3 Appraisal

ExSP experienced shifts in self-appraisal and perceived shifts in the appraisal others held of them by the group they felt part of. Some ExSP experienced a mismatch in their sense of self after leaving the AF, where the future self that they had imagined was suddenly no longer possible, to the point where they were experiencing a discrepancy between their

current self and their ought/ideal self. Although this was primarily experienced by those who received an involuntary or unexpected discharge, those who voluntarily discharged described being surprised by the feelings of demotion, uncertainty and being lost.

*"I felt cheated if I'm honest. I felt like the career I always wanted had just been taken away from me. And still today I still miss it" – ERIC*

Some described their perceived value, both in terms of self-worth and worth to the AF as an establishment, as having changed. ExSP described going from "hero to zero" (JOSEPH) in a matter of moments. This departure was particularly problematic for those who felt a strong sense of organisational identity whilst in service, most often in those who had a strong desire to enlist. There was a sense that the structure holding together their sense of who they were suddenly fell apart, losing their foundation from which to explore civilian life and employment.

*"When you are in the Army you are the best thing since sliced bread. When you get out of the Army you are nothing basically. You absolutely, you are worse than anyone. When you come out no one cares, no one, they don't really care" – HARRY*

*"I definitely had my first sort of small breakdown in the October purely because of being told that you know that's it, you know fifteen years' service, thanks every much, good bye" – PETER*

A shift in where they thought they belonged was described by some; confusion over their group identity, how they felt and their status to others. ExSP described poor treatment by colleagues and the AF itself, making them feel no longer part of the group, but not yet part of any other group. Even ExSP who chose to leave conveyed feeling uneasy and unsure.

*"I wrote a letter of resignation and that was a quite... quite a bit of a shock because nobody came back to me. All I got was (umm) a bag in the post, it said here's a list, put your kitbag except the boots and just send it back. And that was it! I thought I had something to contribute... it was sort of a bit of a slap in the face really, they didn't really... they didn't really care about any of it" – TOM*

ExSP talked about how the differences between military and civilian employment surprised them, being a lower level of importance and with little recognition. This became an issue they had previously not considered. Some ExSP reported that this had a significant impact on their sense of self, affecting their self-esteem and ability to maintain a stable civilian life.

*"...in Civvy Street in an office I was being told by an eighteen-year old kid what to do. And he had no life experience, no nothing and was just a knob. And... and I had to put up with that so... no it was just soul destroying" - WARREN*

*"You know all of a sudden finding yourself not being important" - ROGER*

ExSP who experienced health problems described another layer of realisation and a further effect on their sense of self that they needed to come to terms with. They described their discharge as a judgement (by themselves and others) as soldiers, as workers, but also affected their self-appraisal, feeling like half a person.

*"I basically I'd lost all faith in myself as a soldier at that point" - MAX*

*"I couldn't do my job at that point, you're weak, you've failed, you know you are no good (umm) to anyone" - HAMISH*

Most of the ExSP in the sample talked about a pivotal point in their experiences, their first day of civilian life, when they handed in the ID card. The perceived isolation, abandonment by their 'family', lack of thanks and the anonymity they felt (both within and outside the AF) was unexpected.

*"...and handing your ID card (umm) ... At the end of the day when there was nobody around, there was nobody to say goodbye to. It wasn't (umm) it's just not a nice feeling leaving" - BILL*

*"You know you've spent twenty-two years in a bubble. You know you're protected by everything and all of a sudden that bubbles burst and as soon as you walk out the camp gates and hand your ID card in, then this you*

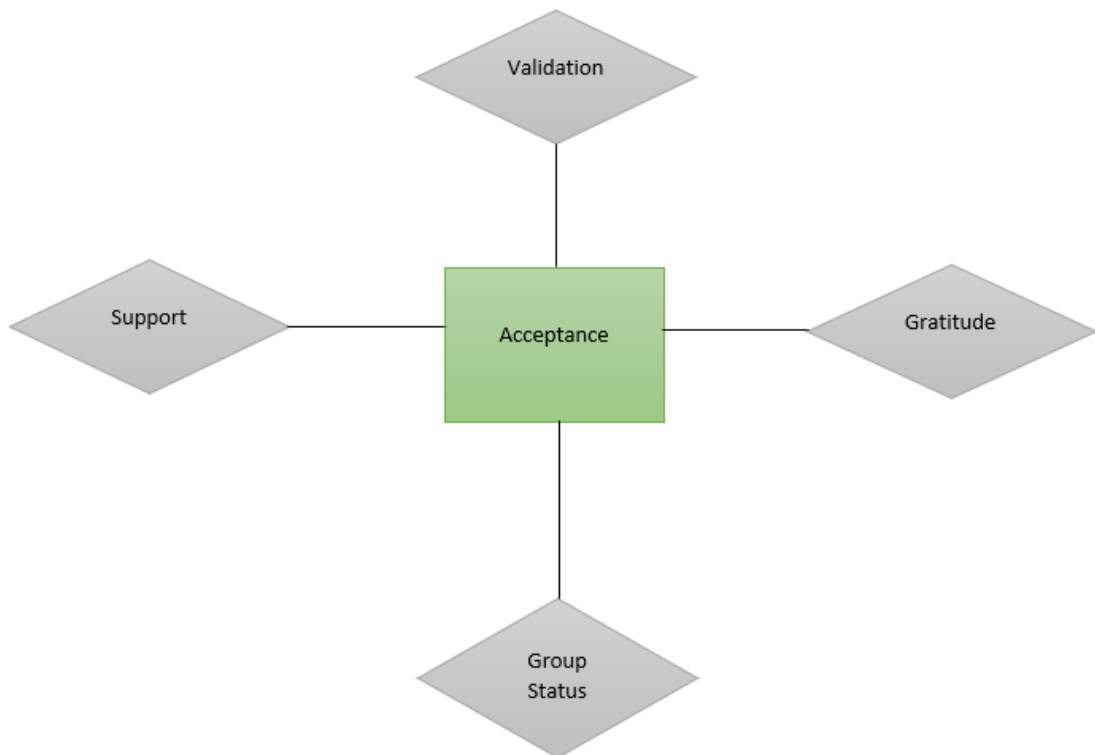
*(umm) you sort of fend for yourself, you know you're sort of fighting for yourself then" - JOSEPH*

#### 10.4 Identity Transition explanatory themes

Acceptance of change, of change in career and identity, and change in overall lifestyle, appeared pivotal in the transition from the AF. This was also identified in the occupational identity review in CHAPTER 3:. Four key concepts (supra-themes) were identified in the acceptance of change, appearing evident in the four chart themes described above. These four supra-themes have been considered to best explain the experiences of ExSP transitioning to civilian life and employment, helping to summarise the commonalities and different trajectories that were becoming apparent in the data (see Figure 27.

- **Validation:** Being recognised for their service, as an individual as a service person who once existed.
- **Gratitude:** Being thanked for their service, feeling a sense of appreciation and purpose to their role.
- **Support:** Instrumental support from the AF, as an establishment but also at the regimental level.
- **Group Status:** The shift from being part of the in-group to suddenly being part of the out-group.

Figure 27: Thematic diagram of the main factors explaining the acceptance of change in work-related identity



#### 10.4.1 Validation

Regardless of the experiences of ExSP, during service or as part of the discharge, it seemed that they were all seeking recognition for their service, what they did and what they had to offer. Endorsement by both the wider establishment and by members of the public appeared to contribute to their sense of self, that they were important, different and worthwhile, that they had been involved in achieving things that others couldn't. This contributed to their assessment of civilians as an outside social group.

*RONNIE:*

*"...people look at that bit on the military and unfortunately their unconscious reflection is, ah, Army. No, no I'm Navy. Oh, military. Thug. Thick. Dumb"*

*"Civilians don't want to get their hands dirty. Whereas when we succeed it rarely gets told"*

*"(sigh) I still find myself completely wrongly looking down on sort of civilians...but... they're not one of us!" – HENRY*



*“you are under the impression that you are going to walk straight out into a job because everyone wants the military, and everyone wants someone who is ex-military and it’s not always the case” – FREDDIE*

#### 10.4.2 Gratitude

Although they all recognised the greater good of their role in the AF, being thanked for their service seemed to be just as important. Justification that the years they had served (wasted or enjoyed) had not gone unnoticed. ExSP appeared to seek this from both the AF (e.g. Commanding Officers, the MOD), as well as their local neighbours. Receiving appreciation for their service gave them a sense of lasting purpose, that they did it all for someone or something. However, some described the US level of public gratitude as being too much.

*“...yeah I loved it, but it was the way I was kicked out, it was the way they done everything, that turned that good time into a bad time. You know because you look back and think well what was the point of me putting in all that effort and all they do is take...” – GEOFF*

*“[handed ID card in] It feels like... ‘Well thanks very much for your service and goodbye!’ - PETER*

#### 10.4.3 Support

Receiving support both during service and in resettlement was hugely important to ExSP’s sense of belonging. Being part of the in-group, being deemed worthy of being helped, validated who they were. Feelings of rejection, abandonment and anonymity were strong in those who did not get the support they felt they needed and deserved. This appeared to influence their subsequent civilian years, with several ExSP recalling these gaps vehemently.

*“I get very, very angry about certain things within the military...after I left I was very angry about the way they treated me afterwards. And you know I think they were doing something of a payback. You know and it’s... it’s to me, it’s unfair. You know it’s just not right” – PATRICK*

*“as much support as I wanted/the organisation was prepared to offer. I... I would just put that down as an average service where people were helpful (umm) and I got what I needed I suppose” - JACOB*

#### 10.4.4 Group Status

Reflection of the processes of experiencing old and new in-group and out-group status appeared a key anxiety-provoking issue for the ExSP. A mismatch in expectation of who they believed they were and where they were, and where they thought they would or should be; suddenly finding themselves on the outside looking in. Their circumstance and treatment indicated they had become part of the out-group (veteran/civilian), even though they internally still felt part of the in-group (serving personnel). This conflict had implications for engagement in the economic and social world.

*“I’m the new boy on this side of the fence now, I’ve just come in to being a civvy again and I’m the new boy to it” – FREDDIE*

*“the big wide world and the big wide world is a horrible place to be after spending so long in the military and so... it’s horrible. But I realised when I joined the TA, it’s the never the same after you’ve left something and gone back to it” - BILL*

#### 10.5 Identity Typologies

The observation of commonalities and trajectories in the identity transition experiences of ExSP, as discussed above, suggested potential identity types with corresponding occupational outcomes. Figure 26 illustrates a thematic model of the pathways apparent for work-related identity development across the military-civilian boundary, and Table 7 described in the Methods illustrates the decision criteria for each typology that were generated based on groupings from the explanatory themes above. As identified in the occupational identity systematic review in CHAPTER 3; acceptance of change was key in the development of a new evolved sense of self facilitating the active willingness to move toward an occupational identity shift. Acceptance became a key consideration in the typologies. Five identity typologies became evident, which were labelled and defined; see Table 39 below. It is important to remember that typologies are not categorical, they are best potential summaries to understand the majority of experiences from the available, simplifying complex social behaviour.

Table 39: Five identity typologies and their definitions

Typology	Description	Illustrative quotes
Type 1 - Transformed Veteran	<ul style="list-style-type: none"> <li>- Extremely proud of their military service and proud to identify as a veteran.</li> <li>- ExSP knew they were civilian by definition but did not necessarily feel it.</li> <li>- They are happy to engage with civilians but are still seen as different.</li> </ul>	<i>"I know I am a civilian, there's absolutely no doubt about it. I am Joe Public now. But (sigh) in... in my head, in reality, I think I'm still perhaps not so much in the forces because that was a long time ago, but in my head I'm still...you know..." - CALLUM</i>
Type 2 - Civilian Veteran	<ul style="list-style-type: none"> <li>- ExSP knew they were a veteran by definition but did not feel it defined them and they did not want it to either.</li> <li>- They described other salient identities, such as parent and engineer.</li> <li>- Weaker organisational identity and stronger role-based identity.</li> <li>- Proud to have served, but ambivalent about AF related events and symbols.</li> </ul>	<i>"I'm a veteran if people want to call me a veteran then by all means. I am a veteran of the Armed Forces, but at the same time you won't hear me talking about the Army...I would have probably read myself as a civilian who used to be in the military" - JONATHAN</i>
Type 3 - Enduring Soldier	<ul style="list-style-type: none"> <li>- Deep and intense pride for the service.</li> <li>- ExSP knew they were a veteran by definition but they felt this was inaccurate.</li> <li>- They described themselves as cognitively still military and were in no way a civilian, even by definition.</li> <li>- They felt that there was no such thing as "<u>ex</u>-service", as those who serve will never leave.</li> <li>- Organisational identity described the totality of their identity.</li> <li>- Deliberate exclusion or separation of civilians in personal life.</li> </ul>	<p><i>"I'm still a soldier. And that's what I say to everybody. I'm still a soldier... I think sometimes. It's... to be a serviceman you've got to have it in your blood, it's... it's there and it never leaves you" - RAYMOND</i></p> <p><i>"There is not one soldier leaving the Armed Forces or wants to, (umm) Navy or Air Force veteran that will ever call themselves a</i></p>

		<i>civilian. I just don't believe for a second that they would say that" - WARREN</i>
Type 4 - Rejected Veteran	<ul style="list-style-type: none"> <li>- ExSP did not want to identify with their military past or did not want it to define them.</li> <li>- They had not found a new identity, but vehemently rejected the veteran identity.</li> <li>- ExSP hid their past because of shame or anger.</li> <li>- They felt abandoned by their 'family' when they needed support the most, having given a significant proportion of their life and being prepared to die.</li> </ul>	<i>"When you are in the Army you are the best thing since sliced bread. When you get out of the Army you are nothing basically. You absolutely, you are worse than anyone...you come back as an ex-person" - HARRY</i>
Type 5 - Lost Veteran	<ul style="list-style-type: none"> <li>- ExSP described not knowing who they were, because of or in spite of the AF; feeling in between the military and civilian worlds.</li> <li>- Mixed feelings of pride, shame and anger, causing deep internal conflict.</li> <li>- They described significant problems with their mental health, struggling to interpret what this meant for them.</li> <li>- Rumination over loss of title, responsibility, group status and purpose were evident.</li> <li>- There was a strong desire to feel settled and 'find themselves' but were unsure how to do so.</li> <li>- Self-judgment on being more resilient, compounded their ability to move forward.</li> </ul>	<i>"...even though I can say yes, I'm a veteran, I don't actually believe it yet and I'm definitely not a civilian. I haven't broke away. It's still very much 90 per cent of me and I want it to change the other way, but I can't yet" - JESSICA</i>

### 10.5.1 Transformed Veteran (TV)

Although those who reached personal veteran status and identity came to it from different directions and experiences, they all shared a similar contentment with their sense of self either straightaway or through social and instrumental support, see Figure 28.

TVs who described enlisting out of curiosity or unknown direction, and/or had a neutral to positive recall of their service history, conveyed a slightly less salient military identity than many others in this typology. These individuals had an equally neutral post-military identification of themselves. They described pride for having served, but with their pre-discharge experiences, they had developed a balanced self-concept.

*"I would say it runs really deep but not in the sense of turning up to Remembrance Day with all of my medals on and my blazer and my polished shoes and getting the public clapping. It's more that I've had an experience, it was very specific, I joined at a young age" - ADRIAN*

TVs who reflected on having had a strong in-service identity, also described themselves as proud veterans but malleable. Their positive experiences gave them a level of satisfaction upon leaving, in a balanced head space from which to return to civilian life.

*HENRY:*

*"I left on a high, very happy with my time....So (umm) yeah there was absolutely no negative reasons for leaving, it was just the right time to go"*  
*"I love being a veteran, I wear my (umm) I wear it you know as a badge of... I don't overdo it. I'm not one of those people, but I'm very proud of my service and very proud of what I've done"*

ExSP talked of how losing agency and autonomy in a strong identity appeared to lead to a long initial struggle of acceptance. Over time, stabilising their mental health and gaining enjoyable employment contributed to their ability to adjust and find a new purpose. JOSEPH had the unique perspective of two discharges (see above section 10.3.2-Exit Expectation and Experience) describing aspects of his journey, from a possible Lost Veteran identity (see section 10.5.5) to a Transformed Veteran identity.

JOSEPH:

*"...it took me quite a while to sort of get around the fact that you know I was (umm) I was being medically discharged because of a medical condition that I was not in control of really. And (umm) you know and I felt like a failure to be fair, (umm) I felt like you know I... I felt really, really depressed"*

*"...but on a civilian scale (umm) I still feel like a leader. (umm) I still feel as though I can lead (umm) personnel, (umm) quite good..... But before (umm) say for instance last year, I was... I was at the bottom of the barrel. I didn't think I was worth anything really, but now because of... I had some sort of employment (umm) getting out of the Army (umm) I felt as though you know I can retrieve that then go forward from that. But I do feel a lot more towards being a veteran than I do as a civilian"*

Some TVs described this process as lengthy. They always knew that they were veterans, by the UK definition, but that they did not feel it until recently, until they had become more settled into civilian life. Some attributed this to the negative service/discharge experiences they had, and that they had now begun to let go of their anger. Others on the other hand, thought that veterans were from the Second World War or Falklands, and it wasn't until they started to feel old, that they found some resemblance in this identity, previously feeling lost.

*"...last year was the first year that I sort of looked as myself as being a veteran. ... And that was the first time I'd actually felt you know really proud of being in a civilian environment as an ex-military person and proud of being a veteran" - PETER*

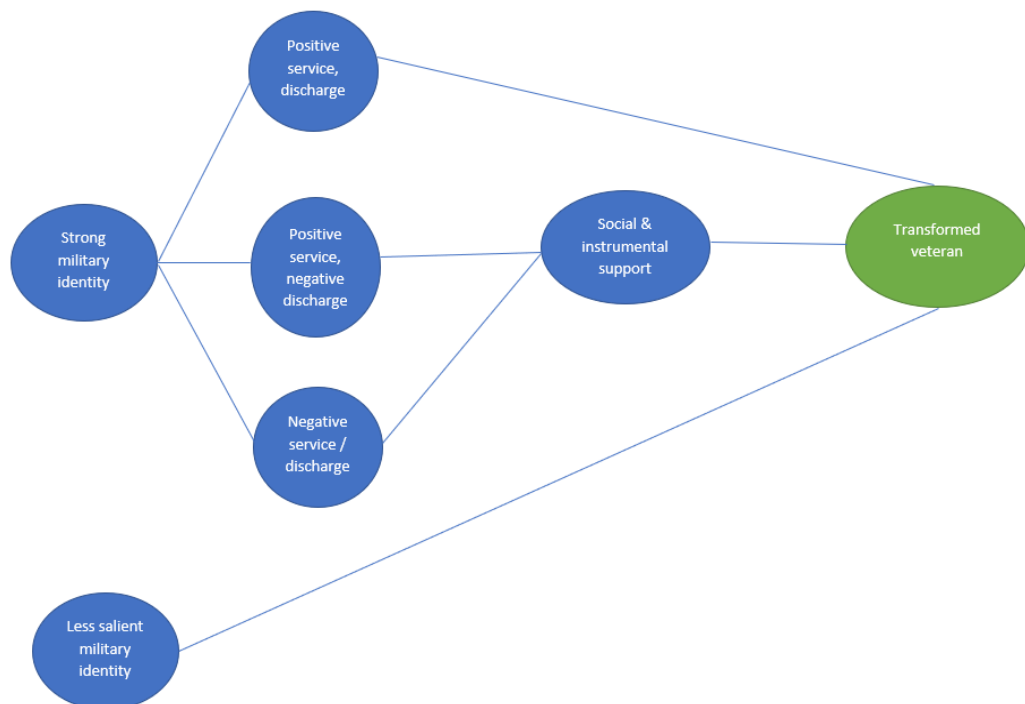
Several TVs who previously felt more in line with a Lost/Rejected Veteran identity mentioned below, described how social and instrumental support, either since discharge or at certain times when in need, enabled them to work through their struggles and accept change, change in themselves and their circumstance.

*"But my family were very supportive, always have been, that's why I can... I caved in, that's why I'm still sat here today" – JONATHAN*

*“...he [Employment Advisor] has been (umm) just an absolute breath of fresh air and I mean...You know and just speaking to him, he cheers me up. And he’s actually... he’s made things that were down in my life, actually really positive” - PATRICK*

This identity suggests some development that allows adjustment, but their veteran identity is, above all, retained.

Figure 28: Thematic model of the ‘Transformed Veteran’ identity development



#### 10.5.1.1 TV Occupational Outcomes

Those who identified as TVs appeared to have more stable occupational trajectories, or trajectories that stabilised once they had reached a more balanced identity.

Many of these individuals highlighted negatives of civilian employment compared to working in the AF, preferring the hierarchical structure of the military as an organisation, knowing where they stood and having an expectation of respect and authority. They also found it difficult to get used to the social differences in the way civilian colleagues interact with one another.

*"When you leave the Army that's not how it works, so it's quite a massive adjustment to that for me was you know civilians that operate on the same sort of, they're not as motivated in that sense" – ADRIAN*

*"I don't think civilians know how to take anyone who has ever served in the military because of the way we are about things. We can be the most laidback people in one sense but in another sense if you want a job doing we get it done there and then" – FREDDIE*

However, despite this, they were positive. Once employed, they fully acknowledged that civilian employment had positive aspects as well and expressed openness and willingness to engage. They saw themselves as assets and found civilian organisations were interested in ExSP.

*"you know well-disciplined, loyal, you know teamwork<sup>(umm)</sup> and a lot of companies like employing ex-military now because of the sort of... the sort of traits that you have from your military service..." - PETER*

The ExSP who connected with their role more than the AF as an organisation, described finding employment more easily. Although they also struggled with cultural differences, their role identity and enjoyment in it, gave them a sense of purpose and facilitated their transition.

*"Literally when I was nineteen, I thought when I give up the Air Force I'm going to become a teacher. I started teacher training six months after I left<sup>(umm)</sup> and then did that for a year<sup>(umm)</sup> walked into a job<sup>(umm)</sup> fairly early on in my teacher training" - HENRY*

ExSP who found a role that for them reflected their military skills and sometimes with a few veteran colleagues, described feeling settled early on and had remained in the same employment for a number of years. This enabled them to develop a post-military identity with a balanced mix of military and civilian interaction.

*"...with the police, you go back into your home which is in the civilian world, but when you're in work and socialising the police is... it's very*



*similar, very similar. Not quite the same, but it's... it's a good substitute" -*  
ADRIAN

Several ExSP found that they developed stability over time, coming to terms with mental illness, increasing their employability and slowly realising what worked for them and what did not.

*"...realised I fell out of love with the job, with the Army as a whole not so much the job because I could carry on doing that now...so use the other qualifications that I gained while I was a [role] and set up my own business doing [that role]....it's ideal being self-employed because I can if I wanted to pick and choose when I work" - FREDDIE*

Similarly, one ExSP who, despite discharging 6-10 years earlier, had only recently acknowledged his mental health problems from his service, and described significant employment turbulence in the years immediately following his discharge.

MAX:

*"I was struggling you know in the four years after I'd left the Army. I went through four, maybe five jobs. You know two of them where I was fired for (umm) overly (umm) what was it? Being... basically being confrontational with you know with colleagues....for the last (sigh) four years now I've worked for a (umm) (sigh) it's a specialist [sector] company"*  
*"You know. It's just all learning and having a bit of patience really"*  
*"...there's minimal stress in my job compared to my time in the Army. You know plus at the same time I don't get shot at in my job! Which is always a good thing.*  
*I'm finding it really nice on the outside. I am enjoying civilian life"*

### 10.5.2 Civilian Veteran (CV)

There did not appear to be much of a process for CVs, as their less salient in-service identity was carried with them to a less salient veteran identity, with other identities remaining strong. They experienced difficult cultural adjustments but did not describe losing their sense of self in the process, having a very pragmatic outlook; see Figure 29.

These individuals appeared to be those who had a weaker affiliation with the AF when they joined, joining for a number of reasons, but a lifelong dream was not common. They also did not appear to have a strong organisational identity when they were serving and appeared to hold on to other salient identities (e.g. role based, parent, nationality). Many in this typology saw the AF as just a job. Although it contributed to their present sense of self of which they were proud, they found themselves easily traversing occupational boundaries.

*"I'm a guy that was in the Army....working life half of it was spent in the Army and the other half up to now sort of thing was driving. And I'm very, very happy with both" – JOSHUA*

For some in this group, the social desire to belong and be part of a group, was stronger than their loyalty to the AF, facilitating their ability to engage with society.

*SHAUN:*

*"I feel I need to belong somewhere. So I have built up sort of a (umm) don't know... relationships within the community"*

*"I've moved on I think, just like dealing with and working within the environment at times and... that... that's a part of my Army life that's (umm) that I'm not part of"*

*"...well I'm civvie and for example who I am, I'm [SHAUN]..."*

*"I mean people always say that the comradery there, but to me that's not a... you know... and I can have the same amount of fun as I could with my civvy mate than I... than I could with (umm) with military people so... (umm) for me it's not a big deal so much now" - JONATHAN*

One ExSP appeared anomalous. *ERIC* had always wanted to be in the AF, had imagined himself as a career man and had a strong military identity. He was medically discharged, and although he did not want this, he described a positive discharge and resettlement. He too experienced the same adjustment issues the others faced but described invaluable social and mental health support and finding a completely different job that he loved,

enabled him to manage his difficulties. *ERIC* had many of the traits of a TV but specially chose to put his military career behind him and move on.

*ERIC:*

*"I was always the 22-year man, if I'm honest"*

*"... it will always be a part of me that still wants it. But I think I'm over it now. I'd say just a normal lad that did eight years. I don't call myself a veteran. I just see it as I served my time and it got cut short really"*

Not trying to recreate the military way of life enabled ExSP in this typology to find employment more easily. Seeking a civilian job that satisfied them, often in a role that aligned with their role-based identity, helped them settle into their new civilian life smoothly.

Figure 29: Thematic model of the 'Civilian Veteran' identity development



#### 10.5.2.1 CV Occupational Outcomes

CVs also had relatively unstable occupational backgrounds immediately after discharge, primarily due to organisational cultural differences, such as work ethic and solitary working practices.

*"...in military work you are part of a team all the time where this is more you are on your own. You get certain jobs a day and it's quite on your own"*  
– *ERIC*

*"...other people around that I was working with weren't doing what they should be doing and that annoyed me. So... again it's all about the work ethic"* - *SHAUN*

However, as a group they appeared to find stability quite quickly as most came out of the AF with a confident idea or direction. Many of the ExSP in this typology identified with

their roles more than the establishment and went in to work using similar skills from their AF careers but in civilian organisations (e.g. engineering, driving, welfare), with manageable adjustments.

*"I love my job to be honest...It wasn't hard it was just a bit of a culture change really" – ERIC*

*"...It's (sigh) (laugh) I think it's just routine habit it's still... it's just... I'm there now, you know now a long time and it... you accept stuff... things don't necessarily get done when you think they need doing. Yeah, well it's... I've blended in now I think (umm) I find... but... it's easier for me now to... to work and things" - SHAUN*

However, similarly to those with a TV identity, mental health issues that they discharged with remained a hinderance for ExSP in this typology, particularly until the point at which they sought help.

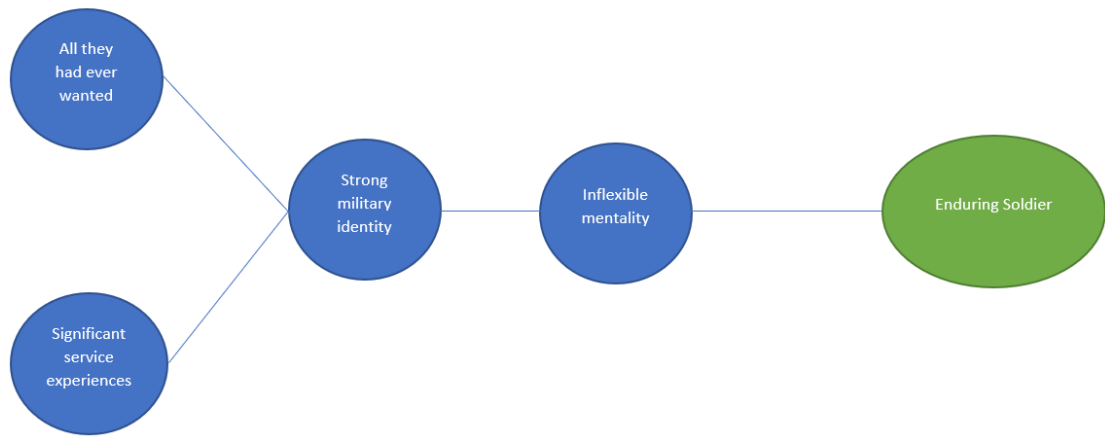
*"...well just job after job after job of getting a good job and losing it because of alcoholism" - JONATHAN*

### **10.5.3 Enduring Soldier (ES)**

Like the CV typology, for those in the ES typology, there did not appear to be a complicated process; their strong organisational (rather than role-based) identity carried forward with them, with an uncompromising mindset. The saliency of their military identity appeared to be strong enough to overcome any negativity they may have experienced, see Figure 30.

*"...before you know it you are a serviceman and you have lost to a degree the (umm) the civilian life, it's (umm) it's there somewhere in the past, but you are (umm) now and always will be (umm) a serviceperson now" – CALLUM*

Figure 30: Thematic model of the 'Enduring Soldier' identity development



#### 10.5.3.1 ES Occupational Outcomes

Those with ES identities appeared to have rather turbulent occupational paths since leaving the AF, presenting in a number of ways, and believing there were few facilitators for veterans into civilian employment.

Transient employment (gaining and losing employment) or long periods of unemployment due to difficulty and in some cases refusal to adjust to civilian working practices. They described many negatives with civilian work and described the culture as simply too different, with roles lacking any deep purpose.

*"...it's been a real mish mash of stupid poxy little local jobs, but mainly unemployed" - BRIAN*

*"I couldn't get a job for quite a long time. (umm) (sigh) It's (sigh) I don't know what it is... (sigh) as I said earlier it was a structured regime that I was under" - KEN*

Those who had been employed or were employed at the time of the interview, found maintenance of employment challenging, feeling as though it was a daily struggle to not lose their job or not quit. They had little faith in civilian organisations, perceiving judgement/discrimination because of their service.

*"I avoid them personally..." – KEN*

*"...when you want to do something the military way which you know is the right way and the people are just saying 'Oh no, no. We're going to do it this way'. It... tends to push your buttons" – RAYMOND*

*"I just didn't enjoy it. The... you know the way they worked and everything else like that, I couldn't... I just didn't do it, I lasted a week!" – RAYMOND*

The totality of their identity was described as only really allowing for ExSP at the exclusion of civilians or choosing to keep their lives separate. They felt unable to really engage with civilians as they would not understand and were too different. Work-related social interactions and organisational hierarchies were also described as frustrating and they had little tolerance for them. They expressed an elevated sense of worth above civilian colleagues. This prompted some to pursue self-employment but was not sustained.

*"I lasted in that job obviously maybe three hours, because I couldn't be arsed with people slagging each other off behind their backs and office politics and everything else that went on (umm) I just couldn't (umm) stomach it" – WARREN*

*"...it's like they're all afraid that I'm going to take their job. So they're all kind of very guarded....You know there's no socialising out of work, there's no talking out of work, you literally only speak to people at work" - MARCUS*

The only successful employment experiences described were ones which had military elements to them, whether it be in the role or with veteran colleagues, or those where they could work alone (away from civilians).

*"...when I started working with more ex-military lads in one of my jobs (umm) it got better" - RAYMOND*

Several ExSP struggled to accept civilian working environments so much so, they sought ways to ease their discomfort.

*"I left, and I, I actually did join the TA for about a year. Erm, couldn't cope. Erm, couldn't cope without it" - BRIAN*

*"I just thought sod it! I just grabbed a rucksack, put a sleeping bag in it, warm clothing and just right voluntarily just slept on the streets for six months. I felt like I was doing my own job, I thought I was doing the job I was trained to do... survive" - WARREN*

#### **10.5.4 Rejected Veteran (RV)**

Decisions for the exclusion of the veteran identity were quite conscious, based on deep negative experiences in their service or as part of their discharge, which led them to question their sense of self and world view, see Figure 31. It was unclear from the data whether ExSP in this typology felt 'rejected' prior to service, as there was no consistent pattern to enlistment reason or sufficient detail to discern this.

RVs described feeling uncomfortable with their service, equally proud and ashamed. RVs described negative experiences and a lack of support from the AF when they felt they needed it most. For those who were medically discharged, they felt that they could have continued to serve in a different capacity, but felt the AF just wanted to lose any weaknesses rather than help them. These experiences dictated their sense of uncertainty, disappointment and disillusionment, extrapolating it out more globally.

*"I reckon if the Army did help fix me before they medically discharged me I think I would have been fine in life basically" – HARRY*

*"I feel very lost and very, very let down by the Ministry, by Government..."  
– ROGER*

They described feeling devalued and abandoned by their own group, a trait the AF was not meant to have. As soon as they were acknowledged to be leaving, they felt like an outsider.

*"...it's the way they tell you all these things, it's the way that they knew I was going through a bad time with my PTSD and they just left me to rot basically" – HARRY*

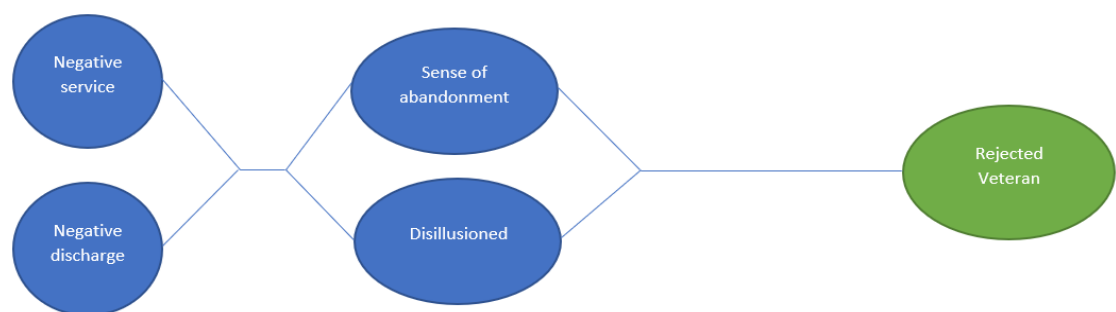
*“Nobody basically wanted to do anything. I got passed from one practitioner to another” – LENNY*

This generated feelings of resentment and regret over their careers, where they described actions taken to validate their feelings and remove any memories of their service.

*“I love the country to bits, but I never fight for it again” – HARRY*

*“You know everything I look back on, there is some sort of thing that... that distresses me through it....No, the actual service. I would never do it again, no. I got long lists of bravery, I got several commendations and several medals. All of which have... I no longer own... all of them (umm) I’ve... either thrown away or are used as doorstops or I just chuck” - ROGER*

Figure 31: Thematic model of the ‘Rejected Veteran’ identity development



#### 10.5.4.1 RV Occupational Outcomes

These individuals appeared to have both gained and maintained employment but found maintenance quite challenging. Although they rejected their veteran status and wanted little to do with the AF and did not wish to acknowledge or disclose their AF background, they still held military characteristics and traits that they found hard to psychologically manage, experiencing a personal struggle.

RVs explained how few organisations would want to hire ExSP, both in their opinion and from their experience. They struggled to see themselves as assets.



*"I mean anything that I mentioned about the forces ... it was like 'Well we ain't going to employ you!' I found it really difficult....Joining the Army, that's hindered me" – ROGER*

*"I think they would find it quite difficult me working for them" - HARRY*

A sense of purpose and job satisfaction was mentioned by all RVs and appeared to be important to them. They reflected on feeling more content in civilian employment, finding enjoyment in their roles.

*"I get more job satisfaction and appreciation where you don't really get a lot of that in the Army. It doesn't matter how hard you try it just means they want more out of you" – LENNY*

RVs did not seek military aligned roles or roles that directly used their skill sets, rather looking at what they gained abstractly, whilst acknowledging any personal health difficulties.

*"I think the similarities is probably just the initiative to be on your own and be proactive and to be able to improvise and deal with stuff" – LENNY*

*"I thought what's the two things that the Army teach me to do properly? First thing was to [task], second thing was to shoot guns. I can't shoot guns in civilian street anymore, so I decided to set up a [task based] company...just to be self-employed. I can be my own boss" - HARRY*

Their regret, anger and/or shame related to their service had negative effects on their work and social relations. RVs described how they avoided staff interaction to prevent discussions about their past, while some aimed to set up their own business to be alone.

*"I just isolate myself. I end up actually (umm) pissing everyone off and just find myself by myself. You know. And sometimes it's much easier to be by yourself because then you've got no one to question you or you know..." - ROGER*

### 10.5.5 Lost Veteran (LV)

The LV typology was marked by similarities to the RV typology, without the same intense negative feelings towards the AF. They either felt as though they were no longer part of the AF community but wanted to be, or they belonged to something they were no longer sure they wanted to belong to. Equally however, LVs did not feel part of the civilian community either, even after several years; stuck between two cultures, on the outside looking in.

*"I wish I were there. I wish I could still help... I feel (sigh) I feel very weak because I can't... I still want to do my bit, I still want to go in the force, I'd still join up tomorrow, I still feel... I've got something to give....I'm a mess! And I... I feel like I've let everybody down. So I don't see myself as anything at the minute, just an ex-serviceman who's failed" – ARTHUR*

ExSP expressed deep confusion about the self, not knowing who they were because of or in spite of the AF. All described a desire to know and were searching but often described an enduring loss or a futility to their future, particularly those who had left the AF decades earlier, see Figure 32. It was unclear from the data whether ExSP in this typology were 'lost' prior to service, as there was no consistent pattern to enlistment reason or sufficient detail to discern this.

Some LVs with a strong military identity found themselves experiencing a mismatch in their life expectation with a deep sense of confusion about their life and who they were. For some this was irrespective of their service or discharge experiences.

*"I've been trying to find new... a new role in life ... I don't think there's any... anyone who leaves after twenty-three odd years and doesn't feel like they've lost part of their identity or you know we all have feelings of low self-worth" – BEN*

*"I've not quite settled into anything that I like yet, I've not quite found exactly the route I want to go and maybe things will sort of change then. But they are kind of... I don't quite feel like I'm sort of settled into civilian life fully yet" – NIGEL*

While for others their negative experiences dictated their path, irrespective of the saliency of their in-service identity. They felt confused at having worked hard for an organisation that abandoned them, leaving them to question the integrity of the AF and the duties they were made to carry out in service.

*"I was indoctrinated quite a lot! (laugh) You know, there was a little bit of brainwashing goes on. There has to be otherwise who else is going to run into a load of bullets?" GEOFF*

*"...the Army was pushing me into something I didn't want to become" - JESSICA*

Regardless of the WWTW programme these ExSP were in, they all described varying degrees of current mental ill health. They talked of taking years to seek help, wrestling with their perceived military identity and the acknowledgment of not being 'strong or resilient' enough.

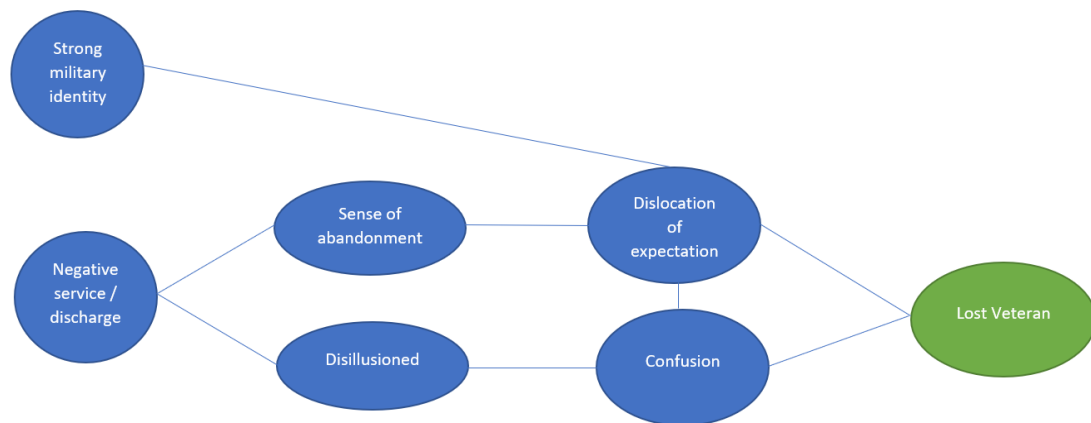
*"if you've been... the military's quite (umm) it's a boys club really isn't it to a certain degree? Where you know you don't show your emotions, you know it's a stiff upper lip type thing. So... how then do you then start... you know you start to breakdown and you can't go and cry" - BILL*

*"...this is why I'm struggling. It's like well, you should be able to do this, you're a soldier" - JESSICA*

For one ExSP, the path was less straightforward. *GEOFF* described transitioning well, being proud of his service and gaining work, potentially falling in to the TV typology (described above). However, later experiences and mental health problems caused him to re-evaluate his life, which he now admits to not understanding.

*"I thought I was alright. And then just years later I well started falling apart, I lost my job, I... kept getting the sack from jobs" - GEOFF*

Figure 32: Thematic model of the Lost Veteran identity development



#### 10.5.5.1 LV Occupational Outcomes

The LV typology is marked by more occupational instability than most of the other typologies. They described little trouble gaining employment, but self-confidence, self-worth, self-concept and life direction hindered progression and stability, and continued to do so at the time of the interview. Despite discharges of more than five years for most in this typology, these individuals were very much still in a current state of uncertainty and instability.

Few had found new roles they enjoyed which they described caused continual rumination about what they had lost. They were all searching for something more, something that could replace the whole the AF left. This was irrespective of their opinion of the AF post-discharge.

*“I feel embarrassed saying that I’m an electrician” – HAMISH*

*“...you don’t go in the forces for a job, you go in the forces because you want to do something for your country. And you’ll never get that in any... in another job in my opinion” – ARTHUR*

Several LVs described how important they felt the ‘right job’ was and felt that not having found this had hindered their ability to adjust to civilian life.

*BEN:*

*"you actually lose part of you disappearing into another role. Having said that if I did... if I'd gone to... I don't know perhaps something a bit more challenging when I left the Army straightaway, I wouldn't have those feelings of... or lower feelings of self-worth or... or struggling with frustration with a boring job or this. You know there's a lot of guys that walk straight into a good job and... and they're very happy straightaway"*  
*"I definitely think that finding suitable employment is... is a massive, massive part of that process that will help you with your general wellbeing if you like"*

Those who had found work they enjoyed were doing roles that reflected their military skills but found their new level of importance a difficult adjustment and reported feeling dissatisfied, undervalued, and as though they were stagnating.

*"I'm definitely still struggling to sort of find my feet and... and make a new... make a new... another start in life if you like as... as somebody somewhere instead of just a random bloke sat on the edge off a building site" - BEN*

Some of the ExSP in this typology wanted to leave their military career behind them, starting afresh, found the process very difficult and turbulent. They felt they had little support during resettlement and as though they did not know what they were doing. There was a sense of hopelessness for the future, clutching to any employment to help stabilise their identity discomfort.

*"I set up my own [sector] business, and it has completely failed...I didn't do my market research properly" - JESSICA*

*"I found myself unemployed, didn't know what to do with myself, (umm) and not really having a good time at all. So I ended up (umm) doing any job I could find so I ended up working in a [sector] factory" - BILL*

*"...I kind of (umm) yeah kind of ended going off that track and since then I've just been bouncing around a bit and doing different things and not really knowing where I'm going with it" - NIGEL*

The inability they felt in locating their self and not being able to maintain employment, resulted in homelessness for some or the decision to give up on civilian employment, feeling an intense discomfort in their situation.

*GEOFF*

*"It was very difficult. I was trying to find out who I was because I had to... I had to do some soul-searching"*

*"I believe being alone and in that field is something I had to go through, it was a journey that was in... that was very needed"*

*"...civilian jobs they weren't for me. I couldn't focus on them. I could do a good job, but call it my weird sense of humour having done 19 years in the military it just didn't link in" – RONNIE*

Those who had served a full career and retired described how, although the sudden fall from being at the top in the AF to being lower down in the civilian employment was tough to accept, it was the small things in employment that were causing most stress.

*"...does this look right, does this look wrong? Should I change my tie? What about my suit jacket? My trousers, do they match? Socks, shoes, and all that sort of thing" – RONNIE*

Many in this typology discussed how they had a lot to offer the civilian workforce, but expressed significant negativity toward the organisational structure, workplace social interactions and employer assumptions made it impossible for them to progress.

*"I still do find it difficult to come to terms with (umm) working with civilians...I can't abide lateness" - JAMES*

## **10.6 Development of the post-military work-related identity**

The development of post-military work-related identity appeared to follow a process and evolved over time affected by a number of experiences along the way. Although the aim was to generate an understanding of post-military identity as a concept, the varying experiences and ranges of occupational outcomes suggested differing identity types as described above and illustrated in Figure 26.

The experiences of joining, during and post-service could be understood through four supra-themes, that drove ExSP onto different trajectories to their post-military identity and subsequent outcomes. The strength of experiences within these concepts appeared to frame other experiences, as did the strength of their in-service identity. For example, ExSP who sought continuation of their military lifestyle through the exclusion of a civilian social network and only seeking military related jobs (continuing their own in-group status), carried their strong organisational identity forward, which counterbalanced any lack of validation or gratitude they may have experienced. This is an example of an Enduring Soldier identity. Individual experiences of these four supra-themes appeared to play a significant role in the level of acceptance in ExSP toward their change of circumstance and self.

Whether someone was content leaving the AF or not, appeared related to the saliency of the military identity, and whether other identities were beginning to emerge/strengthen (e.g. spouse, parent). The method of leaving appeared most important for those who were medically discharged, but beyond this, satisfaction with leaving appeared more significant. The way ExSP were treated during their service or as part of their exit remained a key part of their memory of the AF, and for those who were treated negatively, described this time emotively (influencing their sense of validation, gratitude, and group status). The depth and breadth of the in-service identity (organisational vs. role-based) also influenced how personnel interpreted their treatment.

These factors contributed toward how personnel understood and accepted their change in career and life. Based on the sample participants (as some ExSP had left the AF more than a decade earlier), this period of self-navigation was not a fixed length of time but appeared to be related by the presence of social or instrumental support (e.g. family; civilian caseworker; therapist). Support appeared imperative for those who went on to develop TV or CV identities, receiving this support immediately upon military exit or later on when in need. These identities manifested themselves in more stable occupational outcomes over the long term. There did not appear to be a hierarchy of identities, as all individuals were/are different and had different life goals and views; the RV, LV and ES identities were however, marked by less stable occupational outcomes. Support also appeared pivotal in the transition from less adaptive identity typologies (RV, LV, ES) to the more adaptive identities (TV and CV).

## 10.7 Qualitative Summary - Work-related identity

Qualitative interviews were conducted with 32 ExSP from the WWTW service evaluation, 20 of whom participated in the evaluation surveys.

- The qualitative chapter presented the data from the second half of the interviews, describing the development of post-military identity and associated occupational outcomes.
- Four charted themes framed the views and experiences of ExSP during and post-service; militarisation; exit expectation and experience; occupation/vocation and psychological adjustment. Subthemes explained the trajectories that ExSP were on or had followed, significantly contributing to their post-military perspectives of and approach to civilian life.
  - Four supra-themes were then identified as capturing ExSP experiences and seemed pivotal in the acceptance of change (observed as a key issue in the occupational identity review in CHAPTER 3:). These supra-themes contributed to the understanding of potential trajectories to post-service identity; validation; gratitude; group status; and support.
- The observation of commonalities and trajectories in the transition experiences of ExSP indicated different identity types (typologies):
  - Transformed Veteran: Proud of their military service and proud to identify as a veteran. ExSP knew they were civilian by definition but did not necessarily feel it. Reaching this identity appeared to be a process. Those in this typology came to it from various directions and through various experiences, but they all shared a similar contentment with their sense of self. This identity suggested openness to adjustment but with their veteran identity retained.
  - Civilian Veteran: ExSP knew they were a veteran by definition but did not feel it defined them and they did not want it to either. They described other salient identities, such as parent and engineer.
  - Enduring Soldier: ExSP knew they were a veteran by definition but they felt this was inaccurate. They described themselves as either still military (in their head) and were in no way a civilian, even by definition. They felt that there was no such thing as “ex-service”, as those who serve will never leave.
  - Rejected Veteran: ExSP were ashamed of their service and/or angry at the AF for the way they were treated. They felt abandoned when they needed support the most, having given so many years of their life and being prepared to die.



They had not really found a new identity, but overtly rejected the veteran identity.

- Lost Veteran: ExSP described not knowing who they were, feeling in between the military and civilian worlds. They described significant problems with their mental health, struggling to interpret what this meant for them. There was a strong desire to settle and 'find themselves' but were unsure how.
- The Transformed and Civilian Veteran identities were linked to the more stable occupational outcomes. The other three typologies were marked by less stable occupational paths as they described constant struggles to maintain employment, experiencing a strong absence of meaning and purpose in their work, and finding difficulties in work-social interactions.
- Despite different experiences in the trajectory of each identity typology, it seems to take time for typologies to emerge. The data suggest that ExSP can move between identities.

## CHAPTER 11: Discussion

The main aim of this thesis was to generate a better understanding of the support provisions for ExSP by one third-sector organisation. This was done by using the personal experiences of those in receipt of care as contextual background to their transition out of the AF. The thesis also considers veteran identity and transition and the role work plays in the transition process. WWTW is an organisation within the third-sector whose primary objective is to increase occupational and societal engagement in ExSP through the provision of support programmes for those who may be struggling. WWTW decided to evaluate their existing services to identify ways of improving the support they offer and identify potential key factors that may play a role in transitional and service support needs and outcomes, which may inform their future support provisions.

Six objectives made up the thesis which were addressed using a mixed methods approach divided into three methodological sections. *Objectives one and two* explored the existing literature on occupational identity in ExSP and work readiness through two systematic reviews. *Objectives three and four* utilised a quantitative methodology to examine the effectiveness of WWTW's three programmes and the wellbeing and personal recovery of ExSP who engaged in the programmes. *Objectives five and six* used a qualitative methodology to explore the process of the WWTW programmes (e.g. accessibility, communication, follow-up) as well as occupational and transitional experiences after leaving the AF.

As prescribed by concurrent-nested mixed methods research design, this chapter provides an integrated discussion of the findings within the context of wider literature. I firstly discuss the outcomes of the WWTW programmes and go on to discuss the connection to occupational identity and what can this tell us about how to improve transition and occupational outcomes.

### 11.1 Key Findings

The intended *outcome* for the Head Start programme stabilised or improved mental health, which hoped to generate an *impact* of significant sustained improvement in anxiety, leading to increased functioning (e.g. societal engagement like joining of social groups) and positive thoughts for the future. Sustained, significant reliable clinical improvement in anxiety symptoms was found in just over half of participants. This was not the case for symptoms of depression. Although there were measurable improvements in depressive symptoms at the end of treatment and at follow-up, these were not clinically

significant. Overall, Head Start was found to be a clinically effective programme for anxiety symptoms with long-term positive outcomes. Importantly, this evaluation found clear and significant sustained improvements in functional impairment (as measured by the WSAS) for both disorders, dependent upon improvements in mental health status. Improvements in functional impairment, and associated personal recovery, is likely to increase re-engagement in life with purpose (e.g. employment), as health is more than simply the absence of illness (Slade, 2010; WHO, 2003).

The *output* for the First Steps programme was attending courses and/or purchasing of equipment, which generated an *outcome* of increased skills, knowledge, qualifications and/or tools for employment, *impacting* upon gaining and maintaining employment, reducing demand on welfare services and support, and looking positively toward the future. Positive occupational outcomes were found for 50% of those who were followed-up in First Steps, who either gained or maintained employment. However, qualitative data suggested that work readiness appeared to be important in the output and outcomes for some ExSP; for example, poor mental health and career uncertainty and family problems, were reported to prevent successful career progression despite increased skills and qualifications. Qualitative analysis also revealed mixed utilisation of funded skills/qualifications/equipment, with less than half of ExSP going into related occupations. Descriptive data did not demonstrate any major change in functioning in ExSP who engaged in First Steps, although this could not be tested due to low numbers at follow-up.

The *output* for the Home Straight programme was increased work readiness through individualised employment mentoring (career focused counselling, practical skills development and employer targeting), resulting in an outcome of gainful employment, with an *impact* of employment maintenance and looking positively toward the future, likely leading to subsequent demand reduction on welfare services and support. It was not possible however, to statistically measure the effects of the Home Straight programme due to extremely small follow-up sample size. Qualitative analysis revealed that residential Employment Advisors were highly regarded, increasing ExSP's confidence and self-esteem. Qualitative analysis also revealed that the ExSP in the sample believed that the UK council housing system does not facilitate success for homeless ExSP.

Overall understanding of WWTW and the support they provide was limited in most participants and non-existent in some. Few ExSP were fully aware of the charity's provision, with some having never heard of WWTW prior to their referral. Furthermore,

missing follow-up contact was reported to have tainted positive experiences across all three programmes.

Five identity typologies were identified within the qualitative data, with varied occupational trajectories. The Transformed and Civilian Veteran formed the more functional and adaptive typologies, while the Enduring Soldier, and the Lost and Rejected Veteran formed the less adaptive and less functional typologies. Post-military identities appear to impact upon the stability of civilian occupation and suggests potential review of the discharge resettlement process, primarily from a validation and support angle.

## **11.2 Study foundations**

Two systematic reviews in CHAPTERS 3 and 4, shaped this evaluation study and thesis. These two reviews were born out of a narrative review in the early stages of the study and focused on areas of veteran transition that seemed pertinent to success.

### **11.2.1 Objective One**

*To systematically review published literature on military veteran identity in the civilian workforce.*

Adjusting to civilian life demands substantial change in various aspects of life. This renegotiation can cause a sense of being lost between cultures, between being a soldier, a veteran and a civilian, between identities (Demers, 2011). How personnel experience and process their transition and commencement of a new career can play an important role in happiness and wellbeing post-discharge. Equally however, understanding and acceptance of a new altered status/identity and the life that accompanies it, is important also for transition (and vice versa). The systematic review explored occupational identity after military service and the potential impact on the sense of self. Knowledge gained from the review fed into the qualitative interviews and framing of the insights gained in relation to service support, discussed in greater detail in section 11.4.

The fundamental message from this review was that the development of a new evolved sense of self is reliant upon the acceptance of occupational change and the active willingness to move toward an occupational identity shift. This too was echoed in the qualitative findings of this study. The level of acceptance of change in the ExSP in this study, alluded to varying post-military identity typologies with social and economic outcomes. Literature and evidence from this study suggest that the transition period, the

in between phase, is where work-related identity loss and recovery occurs, and where support is most pertinent. Providing support to help navigate the identity and transition of employment boundaries, can increase work-related self-efficacy which has been found to increase occupational successes long-term (Blank et al., 2011). Identity, mental health and wellbeing are deeply intertwined and play a significant role for each other during this time (Cruwys, Haslam, Dingle, Haslam, & Jetten, 2014).

Therefore, it may be necessary to suggest greater psychological preparation pre-discharge, alongside the practical and logistical readiness provided by the CTP could aid ExSP in the cognitive aspects of this high magnitude occupational and life transition (Brunger et al., 2013). This is likely to contribute to helping ExSP cognitively and emotionally prepare for a life vastly different to what they were used to (or what they may be expecting) and acknowledge the inevitable need for adjustment to succeed both on a personal and social level.

Occupational identity in the ex-service population is further discussed in section 11.4.

### 11.2.2 Objective Two

*To systematically review published literature on readiness for employment, which factors are important in gaining and maintaining employment. This review will not be specific to military veterans.*

Objective two was achieved through a systematic review in CHAPTER 4., seeking to clarify the understanding of work readiness/preparedness and the factors that appear important in the RTW process. There is a growing body of literature on the area, but greatly lacking in clarity and consistency. However, the review was able to determine that work readiness seems to be when a person has the *intention* to work and the *knowledge* of what that means, with the *psychological resources* to work successfully. This highlights a key difference between being physically capable of working but not psychologically ready. Determining that someone is psychologically ready to work is an essential component of a successful and sustained return to work, which may reduce the human, social, and economic burden, an impact of employment instability. The review identified potential factors important in knowing whether someone is work ready and factors to address in helping them become work ready include: clinical stability, goals and expectation, work-related self-efficacy, personality and adaptivity.

Consequently, the review fed into the development of the study, with the inclusion of a work readiness measurement tool in the service evaluation (including preliminary work to identify the tool) and in the qualitative interviews. Due to low response rates, it was not possible to fully explore the validity and utility of the RRTW scale in the veteran population. However, qualitative data on employment, returning to work and identity enabled rich insight into work readiness of ExSP.

Provision such as early transition support and psychological preparation for civilian society, is likely to contribute to the work readiness of ExSP, as highlighted in the study data, which in turn is likely to create better economic and social outcomes. This study was able to highlight the importance of work readiness beyond practical and logistical preparation. The significant impact that post-military work-related identity seemed to have on later occupational success forms part of the work readiness journey for ExSP. Managing expectations in social and work culture, status and responsibility, appears to help to work towards acceptance of career change and the ease with which ExSP can cross occupational boundaries. It is therefore worth considering psychological preparations for returning to work after a long break (e.g. medical discharge, prolonged unemployment) or simply transitioning into a significantly different role and culture, to ensure greater chances of success.

The Ministry of Defence have partially recognised this as an issue, with a 'New Employment Model' in progress to generate 'Personal Development Pathways', *"to equip an individual early on and throughout their career with skills that can be used within Service and which have a career focus to help prepare an individual for a successful second career after they leave service"* (Career Transition Partnership, 2017, p. 22). Furthermore, work placements during the final months of service (if discharge is planned) could enable personnel to begin cognitively processing their forthcoming transition, by experiencing civilian employment whilst still attached to their in-group (experimenting with a new identity and culture in a safe space). In doing so, they can develop a sense of civilian cultural understanding, whilst also testing potential new occupational environments as to whether it is the right fit, as well as slowly helping to align expectations and reality.

Upon exit however, it is still important for ExSP to be aware of their own readiness, or for support services (if involved) to assist in this assessment. Engaging in work prematurely (when not prepared), as found by Adler et al. (2011) and some of the ExSP in this study, can have a negative effect on self-esteem and confidence, limiting further occupational opportunities. Nevertheless, this should be balanced with not leaving it too long to engage

in work; returning early enough with support, potentially in a graded process. The practical and logistical support and workshops offered through the CTP for example, may be more beneficial when accompanied by individualised work readiness strategies assessed and planned for by the career counsellor, prior to engaging in application processes.

## **11.3 WWTW Evaluation**

### **11.3.1 Objective Three**

*To establish effectiveness of the WWTW programmes by achievement of programme specific primary outcomes in the three programmes under evaluation.*

It was only possible to investigate the effectiveness of the Head Start programme, due to low response rates in the First Steps and Home Straight programmes. Overall, Head Start was found to be a clinically effective programme for anxiety symptoms with long-term positive outcomes, although this was not the case for depression. A clear and significant sustained improvement was found in functional impairment (as measured by the WSAS) for both disorders, conditional on improvements in mental health status.

As discussed in section 7.5.1, NHS-IAPT improvement and recovery rates vary greatly (Clark, 2018), and through similar treatment provided by Head Start, the observed differences between depression and anxiety may also form part of this variable landscape. Gyani et al. (2013b) and (Clark, 2018) speculate that the variability could be due to several things. Firstly, symptom severity, of which Head Start is in fact lower than the average but with substantially wider standard deviation. Secondly, a dose response effect whereby those receiving more sessions did better, and although Head Start had a higher average number of 9.93 sessions compared to an average of 6.0 HI sessions (Clark, 2018) Head Start participants had lower recovery rates, which may be suggestive of greater need/complexity of cases. And thirdly, the review of treatment appropriateness/adequacy enabling opportunity for treatment change where necessary, which may indeed be an area that Head Start falls short on, as qualitative data revealed that several participants reported primarily receiving coping strategy treatment, different to what they hoped for and expected.

Head Start showed better outcomes for treatment of anxiety symptoms than depression symptoms but other evaluations generally have not shown this difference. This may be due to the complexity and comorbidity of veterans who are referred to the Head Start

programme with primarily depressive symptoms and may for example fall under a mixed anxiety and depressive disorder category. The choice of scale (PHQ-9) as well as clinician diagnoses may also be contributing to the lack of clarity and progress with depression in this sample. It is possible that the reported depressive symptoms may result from some of the veteran's primary disorder in fact being PTSD (as PTSD was previously categorised as an anxiety disorder, so comorbidity is likely to be high). Although WWTW do accept PTSD referrals, most referrals are for anxiety and depression, and due to the need not to overload the participants of the study with a multitude of questionnaires it was not possible to include a specific measure of PTSD symptoms which could have assessed this issue (many of the participants in the study self-report PTSD or related symptoms). Several items on PTSD assessment scales reflect signs and symptoms of depression as well, and it is likely that those with undiagnosed or delayed-onset-PTSD may also be experiencing symptoms of depression, thus more resistant to change from the non-trauma focused interventions. Additionally, as suggested and implemented with measures for PTSD (PCL and IES-R; Creamer et al., 2003; Forbes et al., 2001; Murphy, Ross, et al., 2017) ExSP may be functioning at a higher symptomatic level than the general population and higher cut-offs may be more appropriate for this sample (or a validation study conducted for the military population). It has also been suggested (Manea et al., 2012) that the PHQ-9 may not have enough specificity to be sensitive to change in certain populations (e.g. those with PTSD) and cut-offs may need to be population specific.

Furthermore, the presence of physical and psychosocial stressors such as limb loss, and employment/relationship concerns may have manifested as depressive symptoms, and complex presentations are known to be evident in the ex-service population (Murphy, Ashwick, et al., 2017). Indeed, qualitative data from Head Start participants revealed employment instability, financial concerns, and accommodation and relationship troubles as contributing to their mental ill health. Such challenges are not likely to be directly influenced by depression treatment (Rossom et al., 2016) and the persistent impact of these stressors upon beneficiary's mental health may go some way toward explaining the reduced effectiveness of Head Start for these individuals from a symptomatic viewpoint. It may also be that until someone is able to function better and improve social circumstances, levels of depression may well remain high. Indeed, gaining employment, especially satisfying employment, may improve mental health. As Wesson and Gould (2010) report that an employment agenda could be incorporated, where appropriate, in cognitive behavioural therapy for depression and anxiety to increase long-term successful outcomes for those who are unemployed. This may tackle belief such as those by one ExSP in this study, that individuals with mental health problems simply cannot work.



Qualitative data showed that ExSP primarily reported developing coping mechanisms and strategies to deal with their problems as the outputs of their treatment, contrary to expectation and may explain the lower improvements in depression symptoms. Evidence indicates that treatment provision should perhaps take a systemic approach, considering the complexity of presentation in this population, including pre-service vulnerabilities, comorbidity, and other psychosocial factors, and not solely focusing on the ‘management’ of the primary presenting concern (Murphy, Ashwick, et al., 2017).

### 11.3.2 Objective Four

*To establish whether engagement in the WWTW programmes improved personal recovery and wellbeing as measured by increased functionality and capability in life.*

As the WHO (2003) state, health is “*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*”. Significant functional improvement (as measured by the WSAS) was found for those who engaged in Head Start with significant moderate effect size. Improvements (between baseline and follow-up) were significantly greater in those who achieved clinical improvement for depression and anxiety symptoms, and smaller but still significant improvements were also observed in those who did not show symptomatic improvement. This suggests that even ExSP who did not achieve clinical improvement, were still receiving some functional benefit of engaging in Head Start even though they remained symptomatically stable, but participants who did achieve symptomatic improvement achieved significant functional improvement. Not only does this reflect general population IAPT evidence from Zahra et al. (2014b) whereby WSAS scores were observed to be sensitive to change in line with improvements on the PHQ-9 and GAD-7, it also reflects another third-sector veteran mental health service evaluation (Irvine Fitzpatrick et al., 2018) and surpasses functional improvement in the veteran IAPT service (Clarkson et al., 2016). Furthermore, one primary advantage of Head Start is the speed of treatment, as opposed to potentially lengthy NHS waiting lists. Improvements in functioning (regardless of symptomatic improvement) as found in this evaluation, demonstrate the benefit of early intervention after help-seeking (Coull & Morris, 2011). Taking functionality into account is imperative in assessing effectiveness, especially in relation to return to work, rather than placing too much emphasis on symptoms and symptom reduction.

Unfortunately, it was not possible to investigate Objective Four for First Steps or Home Straight due to insufficient numbers. However, qualitative data for First Steps suggested

that obtaining employment and feeling secure increased wellbeing rather than engagement in the programme specifically. Similarly, qualitative data for ExSP who actively engaged in Home Straight, suggested increases in confidence, self-esteem and social involvement, compared to those who dropped out. At face value, this aligns with literature the beneficial value of employment on wellbeing (Butterworth et al., 2013; Law et al., 1998).

#### **11.4 Occupational identity outcomes**

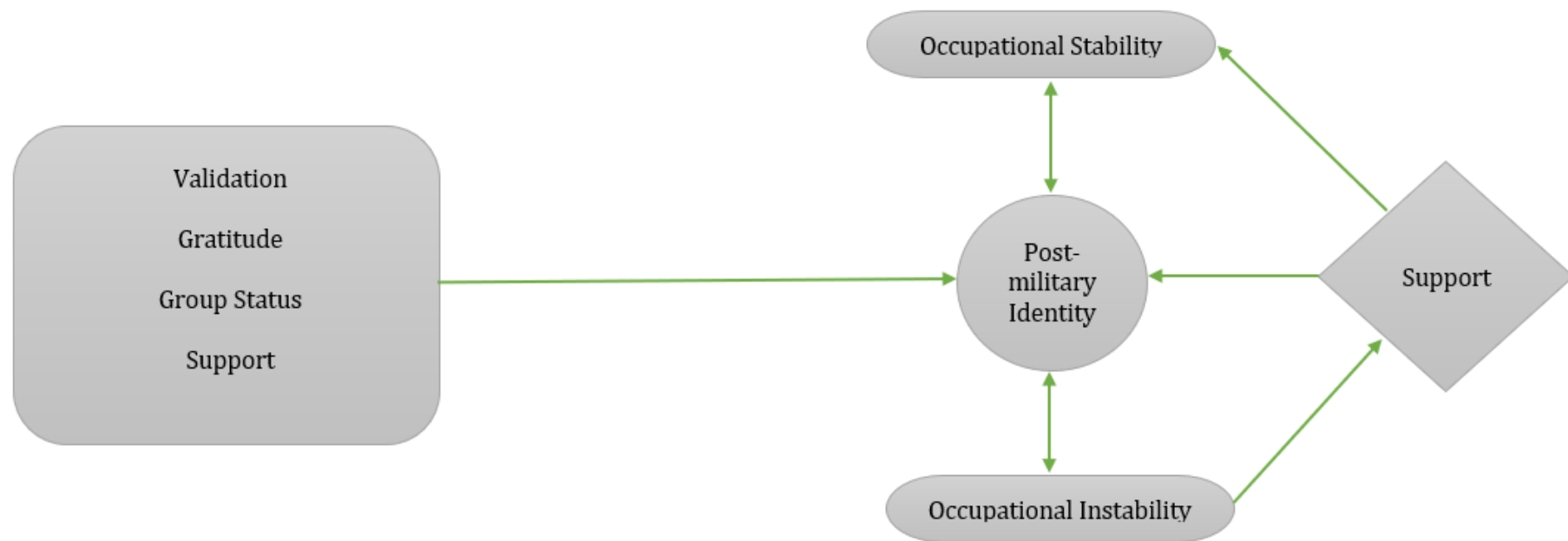
Although limited conclusions can be drawn from the evaluation of the WWTW programmes, the knowledge gained can inform and frame our understanding of the role support services play in the transition from the AF to civilian society explained through occupational identity. Figure 33 below suggests a possible model for this process.

Transition is the response to change over time involving reconstructing a valued identity, and where adaptation to a new situation or circumstance is required to integrate the change into everyday life (Kralik et al., 2006). Van Gennep (1960) states that transitions are cultural and social changes in expectations and roles and are rites of passage throughout life. His theory describes major transitions occurring in three stages; pre-liminal (separation), liminal (in-between) and post-liminal (integration). In the context of military-civil transitions, the liminal phase is the period of navigation, searching for a new normal, a new self, a new group to belong and a new structure and routine. It is in this phase that support services appear most important and are most often needed. The post-liminal phase is the period of acceptance of change, when a new or evolved self has been identified and ExSP are psychologically /cognitively integrating and engaging in civilian society. FiMT (2013) and Brunger et al. (2013) argue that for a successful transition out of the AF, service leavers need to be in the right mindset (during the pre-liminal phase, to approach the liminal phase of the transition), building financial, emotional and psychological resilience, through identity, mental health and employment. FiMT (2013) argue that it is important for ExSP to contemplate what 'type' of civilian they want to be.

In occupations such as the AF, employment is often seen as more than just a job; it is a community, a way of life, an identity. This immersive nature of the AF can have substantial benefits. As described in the interviews, the opportunity to not have everyday life worries such as bills, accommodation, clothing, affords service personnel the ability to dedicate themselves entirely to their role, the ability to help, protect and defend, putting their lives on the line without distraction. Interview data suggest that's the extent to which personnel buy into this, consciously or unconsciously, contributes to the strength of the in-service

identity they develop (Ashforth, 2001). Consequently, upon exit (seemingly irrespective of reasons for departure), it is likely that ExSP search for something similar, something more than a job in the civilian world, to fill the gaps that leaving the AF created (Haynie & Shepherd, 2011); a sense of purpose and belonging, social engagement, job pride. A similar search for purpose, pride and value has been found in other non-military career transitions, including from teaching and policing (Howes & Goodman-Delahunty, 2013).

Figure 33: Conceptual model for the development and evolving nature of post-military identity



It appears from the data in this study that much of transition and success of transition (marked by psychological, emotional and financial outcomes; FiMT, 2013), may be around trying to find a post-military work-related identity, described as a high-magnitude transition (Ashforth, 2001). A work-related (or occupational) identity helps anchor the self (Conroy & O'Leary-Kelly, 2014), giving purpose, and is reciprocal with global identity by informing and valuing other selves (e.g. parent, spouse) (Ashforth, 2001). Leaving the AF provokes the loss of a work-related identity (as well as their personal identity) and depending on the strength of that identity, can have ramifications for the global self-concept (Ashforth, 2001; Conroy & O'Leary-Kelly, 2014; Ibarra & Barbulescu, 2010). Conroy and O'Leary-Kelly (2014) propose a model of work-related identity loss and recovery, and how individuals transition through, which sits comfortably within the theory of transition by Van Gennep (1960). After leaving a role, individuals enter a liminal (in-between) state where they are attempting to cognitively and emotionally make sense of change. Individuals make their way through this via two paths, loss orientation (focusing on who they were, dealing with the loss, work bereavement) and restoration orientation (focusing on who they will be, accepting change, managing the vicarious effects of the loss and looking to develop a new normal). The way in which individuals manage their liminal states influences their identity status, their ability to cope, and their work-related identity loss outcomes (from diminished wellbeing and occupational instability for example, to finding benefit in the loss). Group identification (including work) has significant positive effects on mental health and wellbeing and coping strategies (Crabtree et al., 2010).

Service in the AF leaves a legacy, potentially both good and bad, facilitating and hindering change. As proposed in CHAPTER 3:, the negotiation of occupational identity (new self and normality) after the AF, is primarily based on acceptance of change, recognising aspects of the organisational identity that may need adjusting (e.g. dominance, masculinity) from others that could be carried forward (e.g. leadership, work ethic) (Cooper, Caddick, Godier, Cooper, & Fossey, 2018). This too was observed in the data in this study, extending the knowledge of the systematic review, and reflects other bounded organisational communities such as elite-level sporting careers (Webb, Nasco, Riley, & Headrick, 1998). Acceptance of the shift to a civilian is based on the size of discrepancy between current self (ExSP) and imagined future self; the person they wanted to be (e.g. 22-year career soldier), or person they felt they should have been (e.g. following family tradition). Discrepancies in the self, cause significant internal conflict and discomfort, between the actual, ought and ideal selves (Self-Discrepancy Theory; Higgins, 1987). Minimal discrepancies and thus acceptance, are likely to lead ExSP into more adaptive/functional

identities, such as Transformed or Civilian Veterans. Individuals who are unable to navigate the liminal phase and find a path between who they were and who they are becoming (e.g. when they are not content leaving the services, or when the discharge was unplanned, unexpected or unwanted), could be described as experiencing a continual sense of '*identity instability*'; *they are cognitively and emotionally consumed by the loss, stagnating in their inability to let go of the old self and/or to embrace the new and changed work self*' (Conroy & O'Leary-Kelly, 2014, p. 68). Injured personnel are likely to find the transition particularly challenging, as not only are they adjusting to a significant change in career and life, it is accompanied by a revaluation of their sense of self-worth (Bryson-Campbell, Shaw, O'Brien, Holmes, & Magalhaes, 2013; Yoshida, 1993); who they were, who they are now, who they could be and who they want to be. This has also been found in injured elite-level athletes moving into retirement (Webb et al., 1998). These ExSP appeared to fall into the maladaptive post-military identities, and as noted in a few who tried to re-enlist; Enduring Soldier, Rejected and Lost Veterans. Their ability to accept the change in their work-related identity may in part be based on the strength of their military identity, the support and recognition for their service and their sense of belonging post-discharge.

Irrespective of the way people leave the AF, many experiences a mismatch in expectation. The gap between expectation and reality can be in relation to how they had imagined civilian life to be and how they experienced it, as well as from an unexpected/unplanned discharge. Data in this study elucidated how such mismatches made accepting change extremely difficult, confirming findings from previous studies on civilian life expectation (Walker, 2013) – *"Everything had changed, but nothing had changed. It was me who changed"* (GEOFF). Resettlement provision upon discharge was described by some participants as valuable but almost all had stated that it was significantly lacking in psychological preparation for what lay ahead. The results suggest that service leavers must be active in their transition, not idle in their expectation of the shift, and it is possible that significant planning could facilitate the confidence and ability needed (Cooper et al., 2018). Post-military support services such as from WWTW may help manage these expectations and close the gap with reality, by addressing particular issues or by simply providing a safe space to explore the potential new self. A holistic approach earlier on in the transition process may prevent some later crises from occurring.

#### 11.4.1 Objective Five - Support Services and the role they play

*To gain an in depth understanding of the programme experiences of WWTW clients, connecting quantitative and qualitative data for participants who engaged in the qualitative interviews.*

The level of acceptance of change in the ExSP in this study, alluded to varying post-military identity typologies with social and economic outcomes. It became apparent from the findings that acceptance may fall into a predominantly social arena, determined by the gratitude and validation they received from others (the MOD, peers, and civilian society), the support they received during service, discharge and immediately post-discharge (again from peers or official providers) and their sense of group belonging (military, veteran, civilian) reinforced or challenged by those around them, similarly found by Ahern et al. (2015). Military personnel view themselves as the in-group and engage in in-group behaviours, with civilian society classed as the out-group because of lack of recognition and understanding (Binks & Cambridge, 2018). However, when serving personnel become ex-service, these group lines become less obvious. It is therefore understandable that in this study, and others (Demers, 2011; Kukla, Rattray, et al., 2015), that support was observed as pivotal in the negotiation of work-related identities and thus transition. Indeed, positive group identification is related to social support and resilience to stigma (Crabtree et al., 2010). It has been long since argued that the sense of self is anchored in perceptions of others (Ashforth, 2001; Stryker, 1980) and is known that social and instrumental support cushions the effects of stress on the self-concept, and can help increase self-esteem (Crabtree et al., 2010; Thoits, 1999). However, when personnel feel like their group status has shifted, to the out-group (no longer serving, or not valued as part of the military/veteran community), this can have negative effects and be stress-inducing (Binks & Cambridge, 2018; Crabtree et al., 2010). Feelings of stress and disappointment from being undervalued within a job/organisation has been found to lead to voluntary career change in other non-military careers like policing (Howes & Goodman-Delahunty, 2013).

ExSP who find these high-magnitude transitions challenging, unable to distinguish or merge their military and civilian identities, experience significant cognitive dissonance, discomfort and mental distress (Demers, 2011; Smith & True, 2014). This may present in a number of ways; mental ill health; relationship breakdown; employment problems; housing problems. Almost all ExSP in the study reported to have been experiencing mental ill health to some extent, even if not engaged in the Head Start programme (either self-

reported in interviews or based on their baseline evaluation scores), connected to other transitional difficulties (e.g. unemployment or underemployment). It may be that this reflects selection bias of a help-seeking population. Some mental health problems appear to leave people 'stuck in the past', hindering acceptance and subsequent civilian adjustment/integration. For others, mental health difficulties (e.g. depression and anxiety) were described to be because of adjustment difficulties, leading to homelessness and social isolation. Support such as that which WWTW provides (and other charities/mainstream services), helps ExSP manage their difficulties, which in turn appears to help them come to terms with this major life change (Demers, 2011); although the opposite can also be true when mental health difficulties may not be overcome until external circumstances change, giving rise to the suggestion of systemic and holistic support. This may be done directly through psychological support for adjustment difficulties (Head Start) but also indirectly managing specific issues that may cause difficulties in adjustment (e.g. skills/qualifications to increase employability – First Steps and Home Straight). It is during this liminal phase of work-related identity loss and recovery, that support is most pertinent, and when new evolving identities are socially tested, as identity and mental health and wellbeing influence each other (Cruwys et al., 2014). Providing support to help navigate the identity and transition of employment boundaries, can increase work-related self-efficacy which has been found to increase occupational successes long-term (Blank et al., 2011).

Peers and the local community may offer validation (or not) (Conroy & O'Leary-Kelly, 2014), and events during this phase determine later adaptive/maladaptive levels of functioning, and the need for further support. Indeed, ExSP in the Transformed/Civilian Veteran typologies talked more frequently about invaluable support received immediately post-discharge or since symptoms/difficulties arose, attributing subsequent employment and personal and social satisfaction to the support received. Furthermore, older ExSP in this study appeared to have much less stable identities (Rejected, Lost Veteran, or Enduring Soldier) because of public perceptions and care after the Falklands and Northern Ireland conflicts. Due to the highly politicised nature of these conflicts, the limited understanding of the psychological effects of war and fewer peers surviving injuries than today, they reported limited social support, validation, and gratitude from society, finding themselves on the outside of the two cultures, resulting in significantly delayed help-seeking, social isolation, and homelessness in a few. Since recent increases in support provision and particularly in mental health understanding, more older veterans are now seeking support (Murphy, Ashwick, et al., 2017; Murphy et al., 2015), observed in the older



ExSP in this study who reported beginning to open up to civilian employment experiences and were exploring with new identities.

Support services such as mental health therapy for example, while treating the mental health condition itself, may also allow ExSP the space to process who they were and who they are becoming. It enables them to acknowledge or be made aware of differences in the socio-cultural environments while recognising the positives and the potential for a new in-group and sense of belonging (Shepherd & Williams, 2018). This was found to be the case in ExSP who attended Head Start therapy, and through the engagements with the EAs from Home Straight. Some ExSP discussed how the loss of their military role elicited intense negative emotions, of being part of the out-group even though they still identified with the in-group, as well as sudden degradation of status (e.g. leadership, responsibility) and how difficulties in accepting this lead to a rigid and closed approach to civilian life. Demers (2011) too found this in her qualitative research particularly with ExSP who had experienced distressing exits from service, feeling caught between social groups, experiencing what is commonly termed an identity crisis (Baumeister, 1986). Support services can assist ExSP (especially those who seem caught in the liminal phase) in being open to a new peer group (e.g. civilian colleagues), understanding that camaraderie out the AF is possible, helping personnel to move away from loss orientation (stuck in the past) and move towards restoration of the self, finding a new/evolved work-related identity. As literature points out (Conroy & O'Leary-Kelly, 2014; Kukla, Bond, & Xie, 2012; Lee, Park, & Koo, 2015), developing a new work-related identity leads to beneficial vocational and non-vocational outcomes (wellbeing), which subsequently improved employment maintenance.

It was observed in the data however, that ExSP with high organisational identification (military social group identity) rather than role-based identity (e.g. engineer), found their transition to civilian life more challenging than others, more often categorised in the Enduring Soldier typology, with less stable civilian occupational outcomes. The extent of organisational embeddedness during organisational involvement, determines the continued strength of social connections after a transition (Wellman et al., 1997). Recent research on the transitions of British veterans (Binks & Cambridge, 2018) found transitional differences in personnel who joined to pursue an occupation/trade and those who joined to be a soldier; the former did not feel that the AF deeply changed their self-concept. This resonates with earlier research by Burland and Lundquist (2011) that military role-based experiences impact upon service experience, internalisation, and transition experiences. Indeed, in this study, ExSP from the Army appeared less stable in

their transition and more rigid in their perceptions of self, due to not always having a trade, primarily identifying with the organisations and soldier role, rather than with trade-based roles as more often found in the RAF and Navy (e.g. pilot). Highly salient organisational identity can lead to clashes with the new environment and thus mismatches in appropriate behaviour, which in turn have been found to result in low work engagement, burnout and job loss (Kukla, Rattray, et al., 2015; Luyckx et al., 2010; Stryker, 1980). Despite a substantial amount of literature on the positive effects of organisational identity however (for the organisation and employee) (Lee et al., 2015), very high organisational identification can also lead to negative interpersonal relationships and reduced wellbeing, particularly during or after the occupational transition and work-related identity loss (Ashforth, 2001; Ashforth & Mael, 1989; Conroy, Henle, Shore, & Stelman, 2017). Principally, after lengthy recruit training, it may be the role of AF support services pre-discharge or during the discharge process to help ExSP prepare not only practically for civilian culture and non-military employment, but psychologically as well, to manage expectations. Alternatively, later support services within the same population group (e.g. military charities) or military peers may aid ExSP in their ability to identify positive change from the transition.

ExSP are often found in military dominant roles (Higate, 2008a) and indeed are often encouraged into such roles due their transferable skills and the ease of fitting into similar occupational cultures. Evidence suggests that this may be beneficial for ExSP (Schulker, 2017), but based on the qualitative data from this study, it may not be beneficial in the long term without sufficient negotiation and evolution of their identity (Haynie & Shepherd, 2011); for example, a potential delayed identity crisis when they are no longer working, or causing social isolation outside of work. As discussed in the occupational identity review in CHAPTER 3:, these hybrid roles can be helpful as initial stepping stones for civilian integration or keeping remote connection with the familiar, rather than rigidly seeking persistent military sameness with subsequent interpersonal difficulties. It is the motivation behind such decisions that needs to be assessed.

Readiness for the civilian work environment was noted as an issue for many ExSP, either in their past or remaining a present concern, and did not always centre around skills. As discussed in CHAPTER 4:, work readiness may indeed be more than practical and logistical considerations involving psychological preparation too. As has been frequently mentioned in recovery literature, *“the individual engaging or reengaging in their life, on the basis of their own goals and strengths, and finding meaning and purpose through constructing or*

*reclaiming a valued identity and social roles*" (Slade, 2010, p. 3) may also be a useful lens through which to view work readiness and its benefits. Consequently, after exploring work readiness in this study (primarily qualitatively), tackling issues associated with work-related identity negotiation could aid the work readiness of ExSP and thus their occupational outcomes, by improving functioning. EAs in Home Straight were found to help ExSP better understand their transferable skills in a more abstract way, discussing cultural differences and preparing them for managing potential anxieties/frustrations. This increased their sense of self-worth outside the safety of the AF, validating who they were while highlighting the need to compromise and adjust to who they could be, which could be just as positive as their in-service self. Ibarra and Petriglieri (2010) and Shepherd and Williams (2018) describe this process as identity play, whereby individuals experiment with different identities (and/or jobs) to see what fits them best. However, as might be the case for many service leavers, *"involuntary career transition, sparked by an unexpected job loss, may not provide sufficient psychological safety to allow for identity play"* (Ibarra & Petriglieri, 2010, p. 20), as their whole world has been destabilised shaking their world beliefs not just their work-related identity, eliciting intense negative emotions. Those who significantly struggle with the loss of their 'work-self' under such circumstances, are thought to experience feelings of grief (Conroy & O'Leary-Kelly, 2014; Ibarra & Barbulescu, 2010) hindering positive progression and their readiness to maintain employment, and may require increased levels of support (socially or from professionals) to facilitate a safe space in which to 'play' and grow. Those with highly internalised organisational identities may have few alternative salient identities (e.g. role-based, spouse, parent) that exploration is not possible, resulting in invalidation of their sense of self in civilian society, (e.g. termination of contract due to highly militarised and confrontational behaviour) provoking identity crisis (Baumeister, 1986). The five stages of grief (Kübler-Ross, 1969) could be a useful way of framing significant occupational transitions for support providers in helping ExSP navigate their identity transition, particularly with regard to the significant loss related to this change in career (e.g. identity, profession, comradeship). Conroy and O'Leary-Kelly (2014) argue that the emotions experienced and the way in which they are managed after leaving an occupation, are fundamental in determining whether someone develops an adaptive post-loss identity or not (e.g. Transformed Veteran to Rejected Veteran) and the subsequent related outcomes (e.g. occupational stability). It may be important for mental health services to consider employment (and therefore readiness) in its agendas, whether it is returning to work, changes in career or employment maintenance, as the economic costs through non-employment, sick leave and presenteeism is thought to amount to £23billion (Centre for Mental Health, 2010).

As was attempted in this study, it is important for service provision to be monitored and evaluated to ensure they are tapping into what ExSP want and need, to increase engagement and help-seeking. ExSP reported that rigidity in evolving their identity was reinforced by negative civilian support experiences (NHS or third-sector), significantly influencing the validation and group belonging they felt. COBSEO<sup>20</sup> outline a set of agreed upon values by which service charities should abide, including being accountable for providing best practice services. Although mainstream services (e.g. NHS) are not regulated by veteran organisations, they are regulated for evidence-based practice, and may benefit from increased military awareness, but not necessarily for treatment perspectives, but perhaps in initial help-seeking stages, as ExSP in this study explained. Demers (2011) too argues how training in military cultural competence would be of great benefit to professionals, increasing awareness of issues faced by ExSP as well as ways of supporting integration through the workplace.

#### **11.4.2 Objective Six - How might typologies be useful?**

*To explore potential explanatory effects of post-military identity and their contribution to civilian occupational outcomes.*

As noted in section 5.5.6.2 of the methods chapter, typologies are about making best possible summaries to understand most experiences, simplifying complex social behaviour and practices. Typologies are not categorical; they serve the purpose of trying to understand certain conditions and factors. Therefore, the generation of typologies are not for 'diagnosing' ExSP for certain/specific support processes with the expectation of following a particular trajectory, but to consider the aspects of these typologies and the implications they may have. For example, as mentioned in 11.4.1 above, ExSP with particularly negative experiences, receiving what they perceive to be minimal validation and gratitude and with limited social support, can lead to a Lost Veteran identity and subsequent delayed help-seeking. Contrary to much societal thought, most ExSP transition well (Ashcroft, 2012; Dandeker et al., 2015; McCartney, 2011), but not all of these ExSP wish to be identified as a 'veteran' (Burdett et al., 2012) (e.g. Civilian vs. Transformed Veterans), and it is important to be mindful of this when trying to reach out to those who may be in need of support later on in their civilian lives. Equally, there are a minority of ExSP who do find the transition to civilian life more challenging, but despite experiencing

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<sup>20</sup> COBSEO - Confederation of Service Charities - [www.cobseo.org.uk](http://www.cobseo.org.uk)

difficulties, they are not all “*mad, sad or bad*” (McCartney, 2011) and the challenges faced will be different for each ExSP (e.g. Rejected/Lost Veteran and Enduring Soldier). Being aware of their self and world-perceptions may highlight strategies for engaging with these individuals as well as individualised support plans to facilitate societal integration. Help-seeking and receptiveness to support can be affected by label avoidance for example (Ben-Zeev et al., 2012).

There is no right or wrong post-military identity, but there are more functional/adaptive identities that provide more positive outcomes for civilian life. It is simply important to remember that there is no ‘average/typical’ ExSP, and typologies can help to frame support. As has been identified in Work Readiness Systematic Review (and through experiences in the First Steps and Home Straight programmes), assessment of the level of psychological preparedness for work helps develop approaches to increase the readiness of individuals for work, and thus increase the success of maintaining employment. Applying this concept to psychological preparedness for civilian life as demonstrated by their identity negotiation, may help support the process.

#### 11.4.3 The Covenant<sup>21</sup>

As highlighted above, to efficiently and effectively operate within the military, carrying out duties, it is beneficial for personnel to ‘buy-in’ to the military way of life, consequently weakening civilian principles and values. For ExSP to successfully integrate back in to civilian society though, an element of compromise is required, but by both sides. However, the values of the AF and those of civilian society will continually clash because the two cultures have separate purposes and agendas, and it is because of this that it unlikely the hopes and views of either side will be entirely satisfied (McCartney, 2010).

The AF Covenant (Ministry of Defence, 2011) which was designed to support the AF community, has largely made positive change in civil-military society, with strategies and agendas (e.g. housing provision and priority healthcare) set out to help prevent and manage significant problems resulting from the afore mentioned cultural differences. Nevertheless, it is intrinsically conflicting. It advocates the normalisation of AF personnel and ensuring that they are not disadvantaged by their service, while also promoting them as different and in a different league to civilians (Mumford, 2012). It is important to

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<sup>21</sup> A social, moral and legally binding commitment between society and the Armed Forces community, to ensure that those who serve(d) and their families are treated fairly.

recognise though that the AF Covenant is a set of desirable objectives and does not dictate how the military community will be treated, only how they should be treated (Mumford, 2012). Despite just less than 3000 UK businesses having signed the AF Covenant (Ministry of Defence, 2017b), vowing to support ExSP into civilian employment, evidence suggests that employers still have reservations about those with military backgrounds, particularly with mental health problems (Barclays Bank, 2016; Deloitte LLP, 2016). Indeed, Rudstam, Strobel Gower, and Cook (2012) found that while most US employers in their study were willing to take on ExSP, they held stereotyped uncertainties about veteran mental health problems, believing they would cost the company more time and money and potentially made them more volatile. Similar experiences were reported in this study too, extending to the perception that their physical injuries were hindering their progression; requests for physical allowances or modifications in their new roles were most often met with perceived resistance or reluctance by the employer.

This tension is likely to encourage confusion in both perceptions and validation of ExSP and in professional practices. A number of ExSP in the interviews were eager to point out the shortcomings of the AF Covenant, describing feeling let down by their 'group' (military community; e.g. MOD) for not providing or enforcing better provision, despite knowing the difficulties they are likely to face. These shortcomings were recognised as lack of validation/gratitude and support, similarly to their experiences in other circumstances (e.g. departure day from AF and follow-up contact from WWTW), resulting in feelings of out-group status (Binks & Cambridge, 2018), further contributing to difficulties accepting their work-related identity loss and negotiating a new identity.

## 11.5 Summary

Identity is multifaceted and the identity of a person that is connected to their occupation has significant occupational outcomes and thus wider implications. Difficulties expressed by ExSP were primarily related to identity salience. Upon entry into civilian society, loss of salient aspects of identity facilitated by work (leadership, sense of importance, a valued role) seem to initiate confusion and intense negative emotions. Mismatches in expectation of civilian life, through validation, gratitude, support and internal/external group identification, provoke difficulties in accepting change and thus maladaptive identities with associated occupational outcomes. Individuals with strong organisational identification (compared to role -based identification), for whom this identity remained highly meaningful upon exit, and may have had negative military or civilian experiences, had greater difficulties in adjusting to civilian life. Such experiences seem to delay

psychological adjustment, needing increased levels of social and instrumental support. Strong role/trade-based identities appear to protect service personnel in the future, maintaining several salient identities, enabling distinctiveness and amalgamation in civilian society.

Social and instrumental support seems to play a vital role in the evolution of service personnel to ExSP, with services such as those from WWTW, helping to manage expectations of the self and others, helping to close the gap with reality. This may be by addressing particular issues or by simply providing that safe space to experiment with new work-related identities. The source of support does not appear to matter, whether it is state provision implemented through the AF Covenant or by third-sector service charities, it is simply important that they are provided. Consequently, although challenging, clearer direction by the Covenant, where possible, may be beneficial.

## **11.6 Reflections**

Looking back over the previous three years, has led me to reflect on the experience, most notably on working in applied research with a third-sector organisation, and also in relation to my role as a civilian researcher in a military field.

### **11.6.1 Applied research in the third sector**

Conducting research in the third sector provided the opportunity to work at a ground level, close to the population and closing the gap between the researcher and the impact of the research outcomes. It afforded the chance to embed within the project, getting to know the processes, people and problems, shaping the research. Working at this level was rewarding, following the research through the stages and gaining deeper knowledge on how research is perceived and understood outside of academia.

However, the virtue of this position also became the vice. There are a number of challenges involved with working in applied research, specifically with a small third sector organisation. Firstly, it was realised that the understanding of research (its purpose, process, cost and outcomes) was limited. There were expectations from WWTW that research provides definitive and guaranteed answers, creating a wide range of opportunities because of the findings. Secondly, particularly within small third-sector organisations where there is a close relationship between the organisations and the beneficiaries, there were particular concerns by the charity about the impact the research process may have on the running of the charity and the experience of those receiving

support (e.g. length of survey questionnaires). Consequently, several discussions and meetings were arranged, primarily throughout the first year, to allay concerns and manage expectations.

As a charity with far-reaching service provision and a number of sites nationwide, accompanied site visits and meetings were also arranged prior to the start of the evaluation, to increase buy-in and participation from other key stakeholders involved in the charity and various staff members (e.g. residential EAs). Despite positive engagement from these individuals at the meetings, there was little to no participation from a few during the evaluation. Even after prompts and reminders as to the value of the evaluation, decisions had to be made during the first six months to exclude this site, reducing the power and thus the conclusions that could be drawn.

Furthermore, as an external body coming in to an organisation to carry out research, advice and guidance is often both sought and overtly offered, but the extent to which this advice is taken varied. For example, working closely with WWTW in the run up to their evaluation, enabled the inclusion of scales to capture other less considered valuable outcomes. However, other characteristics of the population were also suggested to be captured, which were later found out to not have been included.

#### **11.6.2 Civilian-military research**

As has been a major part of this study because of the significance of it in the lives of ExSP, it felt important to consider the insider-outsider statuses of the work. The insider-outsider debate in qualitative research particularly, has circulated academia for many years (Berger, 2015; Brayboy & Deyhle, 2000; Dwyer & Buckle, 2009).

Although I had worked in the military research sector for several years and had a partner who had joined the Army Reserves a few years earlier, I was conscious of my limited knowledge in the field, which likely positioned me as an outsider to the military community. Depending upon the individual participants and their perceptions of outsiders (e.g. non-military personnel), I knew that this may affect the rapport built in the interviews. From my previous experiences, I had awareness of basic military terminology enabling me to demonstrate an element of understanding to the participants, but also continued to note unfamiliar language to refer to in future interviews and present myself as knowledgeable and competent. However, it was important not to attempt to try to position myself as an insider, to not invalidate their experiences. In doing so, it also



afforded a balance for participants to feel comfortable in disclosing their experiences and opinions, while encouraging them to expand where possible.

Around a third of participants responded to the study-feedback email sent at the end of each interview and provided generally positive comments. Although I was transparent about my non-military background with the few who asked, most who returned feedback had identified that I was non-military. However, despite my low self-perception of military awareness, most of these participants stated both that military awareness was key for a good interview and they felt they had a good interview, feeling heard and understood. Like the consensus of participants about military-aware mental health therapists for Head Start, many ExSP expressed that military awareness was beneficial but later stated that they would return to their non-military aware therapists. It seems that genuine interest and empathy go a long way in participants feeling valued and heard. However, I also felt that it was important to be mindful in wanting to be too sympathetic and empathic. Coming from a counselling background, I had to remind myself that the general interview process is not to counsel (except for assessing clinical risk and the need for safeguarding escalation if required). I ensured that I kept notes in my interview diary with reminders about being comfortable with silences and allowing participants time to explore their experiences and feelings, offering elaborative prompts when needed.

One interview however, remains prominent in my mind and reflecting on it caused me to be more mindful in the interviews that followed. This ExSP was highly emotive, with high levels of negativity toward the world, particularly civilian society. I found the interview quite emotionally/psychologically draining. Interestingly, this ExSP was the only participant who had directly commented that he '*knew*' that I had little to no military experience/knowledge. This may have been a clear reflection of the lack of rapport built between us, reminding me that I was an 'outsider' to this population. To manage this risk in future interviews, I ensured I expressed my thoughts in my interview diary to reflect on later, but also discussing the experience with my supervisor.

## 11.7 Strengths

There are number of strengths to this thesis, providing a strong foundation for continuing research.

### 11.7.1 Mixed Methods

The use of mixed methods research strengthens the findings of the thesis, as I have been able to gain an understanding of the process of change, a key factor in evaluation research. As a comparator arm was not possible in a service evaluation of routinely collected data, qualitative data was collected to increase the rigour of the evaluation and deepen understanding of quantitative findings. The qualitative aspect added to the quantitative knowledge of the WWTW programmes from the surveys, on the experiences of ExSP engaged in the services and provided insight into programme completion and outcomes. Qualitative data also provided insight into the process of change through the transition from military to civilian life focusing on work-related identity and the role that support services play, using the evaluation of WWTW as an example. Findings in this mixed methods study were not triangulated as the aim was not to corroborate quantitative findings, but to extend knowledge of what was quantitatively observed, through the embedded design.

### 11.7.2 Application of Work Readiness

Increased occupational engagement was one of the primary overall aims for WWTW and is also known to be an important factor for life transitions, considered one of the main markers of success in the military-civil transition as well. Although civilian employment has been widely researched in the ex-service population, and the resettlement process focuses on practical and logistical preparation, there has yet been any focus on work readiness in ExSP. Not only has a clearer understanding of work readiness been developed (Work Readiness Systematic Review), qualitative exploration of this concept has identified that it indeed seems to play a role in occupational success of transitioning service leavers. Qualitative data was able to identify aspects of work readiness that evolved through the WWTW programmes, especially for those who later gained employment. It also became apparent that the psychological aspect of being ready to work was closely connected to shifts in work-related identity and the acceptance of change through the military-civil transition. Knowing this may help both organisations and individuals frame transition and support provision in the future to increase opportunities for occupational success and overall transition success. Such knowledge is not specific to the ex-service population but may also apply to those transitioning out of other roles with strong identities (e.g. elite-level athletes, police officers, etc).

### **11.7.3 Typologies and practical outcomes for identity development**

There have been a number of studies on the identity of service personnel and service leavers (Brunger et al., 2013; Burdett et al., 2012; Demers, 2011; Iverson & Anderson, 2013; Thompson et al., 2017; Woodward & Jenkins, 2011). However, the primary focus seems to have been on veteran identity as a single concept, in relation to minority identities (e.g. race, gender) and on the social aspect of group identity, as a way of explaining general adjustment difficulties, such as developing a social network and cultural competence. As found in the systematic review (CHAPTER 2:), little to no research has been conducted on occupational identity and work-related outcomes in ExSP. This study explored the experiences and self-perceptions of ExSP, using both their self-reported work history and the occupational outcomes after WWTW support as ways of assessing occupational outcomes connected to work-related identity.

Through Framework Analysis, adaptive and maladaptive typologies became apparent, another defining feature of this study, rather than considering one singular post-military identity (veteran). Typologies are about making summaries to understand most experiences, making intricate social behaviour and practices easier to comprehend. They are however, not clear-cut and the same typologies may not apply to a different ex-serving sample, but simply serve the purpose of aiding understanding, rather than strictly categorising people which restricts accurate implications and forward thinking. Knowledge of potential varying degrees of ‘veteran’ identity and the implications this can have on occupational success and transition, is important, as it may help frame support service provision and help-seeking.

## **11.8 Limitations**

Limitations for this thesis include:

### **11.8.1 Applied Research**

Working in applied research, there is limited control over many aspects of the project. As noted earlier, in section 11.6, meetings were arranged prior to and within the first few months of the WWTW’s evaluation to provide advice and encouragement.

As WWTW relies on communication from Employment Advisors and therapists, beneficiary information was not always up to date. One of the chosen homeless residences that matched the others in conditions of stay, did not routinely update the WWTW database which meant there were no contact details for a large proportion of Home Straight participants. This substantially reduced the number of potential participants that

could engage in the evaluation, and due to the significant length of the Home Straight programme, a larger sample size was needed to follow a sufficient number of ExSP across time. Similarly, inaccurate or delayed information resulted in participants being included and baseline evaluation surveys sent out to ExSP who had already finished their programmes and/or had achieved their primary outcomes, thus reducing the sample of those able to continue for follow-up.

As one of the primary purposes of the charity is to improve occupational outcomes, it seemed appropriate for data on employment status upon referral and at routine follow-ups, employment history since discharge, and educational status to be collected. This data ranged from inconsistently captured to not captured at all, limiting subsequent analyses and the ability to assess change in the primary outcome.

Furthermore, the therapists in Head Start, although approved and funded by WWTW, do not work for WWTW and work remotely in the locality of the ExSP. Treatment fidelity was therefore not assessed, which means that it is not possible to truly understand how consistent and structured the interventions provided to ExSP were.

#### **11.8.2 Sample size, recruitment, attrition**

When stratified by WWTW programme (Head Start, n=169; First Steps, n=38; Home Straight, n=76) and then again by those who continued to follow-up (Head Start, n=52; First Steps, n=12; Home Straight, n=4), the sample sizes were very small, significantly reducing statistical power to conduct analyses. Although the Head Start sample was sufficiently powered to carry out statistical tests, limitations still existed when making comparisons; e.g. outcomes based on completion status, as the number of those who dropped out who also engaged in the evaluation surveys was too low (n=4). Statistical analyses were also not possible for any of the hypotheses for Home Straight or First Steps, as recruitment and response rates were low, resulting in follow-up sample size. Furthermore, low numbers in some demographic categories meant that many of the variables were largely treated as binary, potentially masking associations that may indeed exist. Consequently, few concrete conclusions could be drawn from the data for the evaluation of WWTW services.

Due to a lack of control group to compare Head Start to, it is always possible that there was regression to the mean to explain some of the outcomes.

Speculating on some of the reasons for the low numbers:

- It is well known that the ex-service population are a hard to reach group, due to various mental health problems, as well as difficulties in tracing them (Fear, Van Staden, et al., 2010). Although the sample in the evaluation were a help-seeking sample, they were still trying to manage their conditions and circumstantial problems. The multitude of problems experienced by Home Straight participants in particular (e.g. homelessness, mental ill health, financial problems, relationship breakdown, unemployment), are reflected in the low baseline rates (n=23, 30%). The complexity of problems within this population could also perhaps explain the attrition during the evaluation, as 15% (n=41) of the those entered into the evaluation specifically opted out (while others did not respond), either at baseline or later on, often due to having too much to deal with.
- The remote nature of WWTW support, primarily for First Steps and Home Straight, may explain the reduced engagement in both the evaluation surveys and the qualitative interviews. Interviewing participants from both programmes revealed that many were not aware of WWTW's involvement in their care, with one participant even declining to take part in the interview as they felt they had nothing to contribute to the feedback of the charity.
- As stated in the previous section, the realities of working of applied research can impact upon the sample size of the study. In this case, the exclusion of one of the homeless residences due to poor communication of data and the decision to pause of the First Steps programme midway through the evaluation.

### 11.8.3 Measures

Decisions to use the RRTW was based on a systematic review and pilot study, due to lack of prior use in this population. The ICECAP-A was chosen based on discussions with evaluation experts at King's College London for mental health-based alternatives to measuring quality of life in evaluations.

#### 11.8.3.1 RRTW Scale

Unfortunately, the low sample size prevented rigorous analysis of the RRTW measure. Although the RRTW scale had not been previously used in a veteran population and score/outcome predictions were not possible, when raw and mean scores were compared to the Work and Social Adjustment Scale (known to be related to work functionality) the two scales did not appear to reflect each other. This indicated that they were not measuring similar constructs, and thus reduces the usefulness of the measure. It was

subsequently not used to frame the work readiness of ExSP, rather relying on qualitative data to identify aspects of work readiness from the systematic review. Furthermore, toward the end of the evaluation, an article was published (Aasdahl et al., 2017) evaluating the RRTW, with few recommendations for its use in clinical settings, requiring refinement.

#### **11.8.3.2 ICECAP-A Scale**

The ICECAP-A suggests (Al-Janabi et al., 2012) that after interventions that aim to improve outcomes, scores will increase, but this was not found in the sample. Even for participants who had improved on their other mental health and wellbeing measures and had gained/maintained employment, ICECAP-A scores appeared to marginally decline or remain stable. When corroboration was attempted with the qualitative data, changes in scores did not reflect their self-reported experiences. Consequently, it was not used to frame the wellbeing of ExSP, rather relying on qualitative data to identify self-reported changes in wellbeing.

### **11.9 Implications and Recommendations**

#### **11.9.1 Charitable Sector**

Support provision is a vital part of the transition from the AF, for those who do well and those who do less well, whether it be in the early stages of civilian life through services such as the CTP, or later mental health support. ExSP valued the support provided, by both the state and by third-sector organisations, with those having utilised such services attributing their later health and occupational success to what was provided. Those who did not receive such support, attributed the continuation of their difficulties to lack of support. Based on reports from ExSP, the source of support does not necessarily matter, just that the support is available. Since the formalisation of the AF Covenant in 2011, state provision for the AF community has grown and improved. However, considering the realistic capabilities of the AF Covenant, it is likely the third-sector will continue to hold a significant role within the AF community, providing valuable and varied support where the state may be less able to. The Head Start programme by WWTW is an example of this, providing evidence-based mental health care, similar to NHS care, but provided in a more timely and local manner.

However, a key issue that became apparent, was the limited awareness of WWTW, with ExSP primarily referring to the larger, more established charities believing that they provided most/all care or that they were unsure as to which organisation provided what care. The signposting booklet sent to interview participants prior to taking part in the

study was mentioned by several participants as highlighting a number of services and types of support they were not aware existed. As identified in the introduction (section 1.5) the size of the charitable sector has grown in the last decade, due to the recent campaigns in Iraq and Afghanistan, but the speed with which charities have established themselves, may well have left ExSP feeling lost and overwhelmed.

With this in mind, the results of this study suggest that strategies to improve the awareness of support services for ExSP (and the AF community in general) should be explored; e.g. a clear and coherent, accessible, signposting booklet of recognised service charities, perhaps COBSEO approved. Despite Head Start providing civilian therapists, several ExSP reported delayed help-seeking to thinking that there was no support out there for veterans in civilian society, certainly not provided by the state. These views appear to be persistent across the veteran community despite growth in both NHS and charitable provision of mental health services. Furthermore, although there was lack of understanding as to the provider of support for WWTW participants in all three programmes, it demonstrated the seamless collaboration of service charities for the benefit of the ExSP, without desire for recognition or credit. This provides some promise that service charities (and the state) can also work together<sup>22</sup> (e.g. Contact) and provide enhanced care, whilst limiting the opportunity for duplicate provision and flooding of the sector.

To maintain the positive impact that services are having on ExSP, charitable services could increase the follow-up contact they have with their beneficiaries. Not only will this reduce the feelings of being forgotten, reminiscent for some ExSP of leaving the AF, but also maintain engagement and participation in the support being provided, increasing chances of successful outcomes. This was most notable in First Steps, with ExSP feeling disconnected from the charity and found to not utilise the gains from their funding for later occupational opportunities, which also becomes a 'wasted' resource.

## **11.9.2 Wider Landscape**

### **11.9.2.1 Transition Support and Resettlement**

The qualitative data particularly, highlights how occupational stability and consequently societal engagement is strongly influenced by shifts in post-military identity, determined

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<sup>22</sup> 'Contact' are a group of charities working alongside the NHS and MoD for clarity in support provision; [www.contactarmedforces.co.uk](http://www.contactarmedforces.co.uk)

by acceptance of change, in turn is influenced by the validation, gratitude, support and group status during the discharge process and immediately after. Even ExSP who left service decades earlier, were still experiencing identity related problems, unable to let go of their past, having a significant impact on their ability to maintain employment. The mental, physical, social and economic outcomes of ExSP are deeply entwined, a reflection of the all-encompassing nature of their time in the AF.

Thus, a holistic approach to transition may significantly improve outcomes for all ExSP, not just those who do not do so well. Since the primary difficulties observed and expressed in ExSP were related to acceptance of change and mismatches in expectation (in relation to the self and civilian society), greater psychological preparation pre-discharged alongside the practical and logistical readiness provided by the CTP could aid ExSP in the cognitive aspects of this high magnitude occupational and life transition (Brunger et al., 2013). Such preparation may include warning ExSP of what they may feel or the mental health difficulties they may face, including what is normal and what may be less so; information on the differences (and importantly similarities) in civilian work culture and structure; and how to communicate socially and professionally to develop a social network (as support was identified as pivotal in the transition process). As recently stated by Cooper et al. (2018, p. 169), *“support provided to all service leavers should include training on the differences between military and civilian fields, and in practical terms, how the legacy of military life stays with them when they leave and how they might use this to their advantage”*. Implementing proactive rather than reactive strategies are key for future success.

It may be beneficial for this holistic approach to transition to occur throughout military service, helping ExSP to think in advance what kind of civilian they want to be and to be good civilians (FiMT, 2013; House of Lords, 2018). Although focused on prisoner reform, it was stated decades earlier that individuals should *“think exit at entry”* (O'Rourke & Satterfield, 1974, p. 189) to psychologically and practically prepare for successful re-entry into society. For many service personnel, their military journeys and identity seem to start before enlistment (through family environments, military-oriented social clubs, and social games with peers), and for those who go on to develop strong organisational identities in service, may require preparation for civilian life earlier on, helping manage potential cognitive dissonance and to maintain other salient identities which can later be called upon or re-prioritised upon leaving. In doing so, ExSP may build up protective factors from later significant identity adjustment difficulties and subsequent social and economic disadvantage. A recent systematic review (Bauer, Newbury-Birch, Robalino, Ferguson, &



Wigham, 2018) argued that social, mental health, and skills based interventions before problems arise were useful for civilian integration. However, this could be a difficult balance to strike, ensuring full commitment from service personnel for effective service, while also ensuring a positive and successful post-military future.

Many of these points are not new, and a coordinated approach to their implementation (e.g. government, third-sector, businesses and the AF) is likely to enable greater achievement of such aims and greater outcomes.

#### **11.9.2.2 Warm Handover**

A prominent theme within the qualitative data was a feeling of abandonment, upon leaving, receiving little farewell, gratitude and recognition of their service. This feeling resonated later in life when they experienced out-group status contrary to their expectations (e.g. expecting follow-up and interest after support services), leading to rejection of their identities and difficulties in acceptance. Although a big undertaking, a system of checking in (e.g. phone call from a veteran peer within a veteran organisation) with service leavers three to six months post-discharge to provide signposting information, to ensure they are utilising their resettlement for them to feel valued and still part of their in-group, if an extended part. Setting up a warm handover between cultures (not just for those with medical discharges, as is the case currently), may mitigate ExSP falling through the gaps in the care system, bringing help-seeking forward and strengthening their valued identities. Unfortunately, a similar system was recommended in 2010 (Murrison, 2010), the Veterans Information Service, a system of contacting veterans 12-months after exit, but this does not appear to have been implemented.

#### **11.9.2.3 Employment Support**

It is difficult to decipher the rates of ExSP employment stratified by ill health (physical or mental), especially as they are not specified in the Annual Veteran Population Survey carried out by the Ministry of Defence and the UK General Population Census does not yet sufficiently enquire about military service either. Data collected by a service charity however (Royal British Legion, 2014, 2016) found that working age ExSP surveyed, were nearly twice as likely to report long-term ill health than the general population, and half of all unemployed ExSP surveyed reported such difficulties. Therefore, the increased understanding gained from this study helps propose ways to manage ill health and occupational outcomes and is extremely important for both current and future ExSP.

Some of the issues experienced in civilian employment that seems to be reinforcing negative beliefs about the civilian workforce (facilitation of health appointments and physical adaptations) are not specific to the AF community and possibly reflects a less supportive and inclusive society than we may like to believe we have. Simultaneous health (particularly mental health) and employment support may provide ways to manage conditions while progressing occupationally, as one may facilitate the other. It may also provide reassurance or support for the employer hiring the ExSP, similarly to the support offered to employers in the IPS model (Bond, 1998). In a bid to improve the employment outcomes of people with common mental health problems, a UK Government funded study in 2014 (van Stolk, Hofman, Hafner, & Janta, 2014) suggested this approach as one of the policy recommendations, embedding Employment Advisors in Primary Care. This has in fact been recognised by WWTW, who have begun offering Employment Advisors in local NHS primary care services (receiving the Centre for Excellence Award for their provision of IPS); an outreach arm of the Home Straight programme. The Centre for Mental Health (2017) has set out a five-year plan to double IPS provision across the UK. This approach could be utilised in other veteran services as well and may include offering greater psychological and emotional focus of career transition alongside employment support services in an effort to develop the work readiness of ExSP beyond the practical aspects.

Although approximately 3000 UK businesses have signed the AF Covenant, and many acknowledge the assets of employing someone with a military background, civilian employers still have an active role to play in supporting ExSP beyond simply stating they are 'veteran friendly'; as do the ExSP in attempting to integrate into a civilian work environment. This may include understanding respectful ways of enquiring about someone's military past and ways of dispelling strongly held stereotypes and prejudices about ExSP. There may be scope for an employer support booklet to not only educate on potential challenges that some ExSP may face and how employers can support this, but to put this information in context, focusing on celebrating the skills and benefits that hiring someone with a military background can bring to their business.

#### **11.9.2.4 Pathways to success for homelessness**

A prominent issue for the ExSP in the Home Straight programme was the collaboration of services between the local councils and the residential homes. ExSP reported being overwhelmed by changes and reduction in support over a very short period of time, resulting in the loss of gained employment, which was supported by follow-up survey data. Although little is known about the homeless population in general, and even less about the

ex-service homeless population, we do know that housing is a major cause for concern upon leaving the services, recognised by the AF Covenant and during the resettlement process with housing advice offered. It is therefore reasonable to suggest that better pathways are sought for homeless ExSP to return to independence, with incremental rent increases *after* the first months' pay (rather than immediately upon employment) and being able to stay in the residence at least until they have passed employment probation, to ensure they and their employer are receiving the support needed for yet another significant transition.

This challenge, however, is not necessarily specific to ExSP. It has also been recognised by the UK Government in an "Rough Sleeping Strategy" released very recently (Ministry of Housing Communities & Local Government, 2018), and includes proposals for a more integrated supported housing system as homelessness experts in Job Centres for a joined up approach to tackling the wider problems. This has been a cross-government task, with the Ministry of Defence contributing to this strategy as well.

### 11.10 Future Research

1. A limited number of charities including military charities have evaluated their services, although this is increasing. COBSEO sets out guidelines for following evidence-based practice, and more military charities should evaluate their services to ensure valuable and effective services. Based on the experience gained in this evaluation, and to gain a thorough understanding of the effectiveness of sector provisions, it appears that organisations should aim to routinely collect all the data required to conduct analyses, in line with the primary objectives of the services. Insufficient data, particularly related to the primary aims of the service, significantly limit conclusions. In doing so, limited additional effort will be required to set up an evaluation beyond follow-up data collection.
2. A significant amount of research has been conducted on ExSP who struggle to transition to civilian life. However, little knowledge has been gained on the ExSP who may have other specific characteristics which mean they may be less likely to transition well (e.g. not joining with a specific occupational trade), or equally those who have indeed transitioned well (or struggled to a lesser extent without severe life disruption) and understanding why. Understanding their experiences and trajectories after leaving service will be insightful for interventions for ExSP who find the move more challenging. Comparing similarities and differences and

exploring at which point they have 'transitioned' or how turbulent their transition was, if at all.

Prospectively following personnel through the military exit process in a mixed methods longitudinal study can provide significant insights into the experiences of service personnel, limiting the effects of recall bias, as well as being able to collect quantitative data at each time point. Personnel could be tracked from the point at which they decide to leave (e.g. voluntary discharge) or are given notice to leave (e.g. involuntary discharge) through the discharge process to several years post-discharge. This process would enable simultaneous tracking of leavers who do well and those who do not do so well, attempting to identify when challenges occur and why, and the trajectories that these personnel follow. It may provide some insight into when, if at all, transition ends and is deemed as a success or failure.

3. As this study suggests the importance of work readiness in the military-civil transition process, incorporated in the identity transition as well, further investigation would be advantageous. The RRTW was not found to be sensitive to change or specific to the changes experienced by ExSP, thus exploring the potential for creating a work readiness scale for use in ExSP may be a positive contribution to the field. If valid, specific and sensitive, it could be used in future transition work with service leavers approaching civilian life, and/or existing ExSP who remain challenged by the adjustment. The scale should retain the aims of the RRTW in its ability to not only predict successful return to work, but able to identify areas for development to increase chances of work success.

### 11.11 Final thoughts

This thesis aimed to generate a deeper understanding of the provision of support for people leaving the Armed Forces, through an evaluation of services and the experiences of personnel receiving that support. The provisions of WWTW are not replicated by other charities and hold some benefit over mainstream services (e.g. speed of treatment), giving ExSP the fast-tracked opportunities to improve their mental health outcomes, gain skills/qualifications and tools to increase sustainable employability and guidance on the occupational transition process. Except for assessing the primary outcomes in Head Start, it was not possible to quantitatively determine the effectiveness of the three programmes the charity wished to evaluate.

However, the overall context of the programmes was positive. Improvement in functionality should not be overlooked as a significantly positive secondary outcome, particularly for its value in sustainable employment. The main points for future consideration for Walking With The Wounded are:

1. Head Start:
  - Increasing the depth of initial assessment to better identify the presenting problem (e.g. depression or PTSD), with the view to review appropriateness of treatment and/or therapeutic alliance after a few funded sessions, as well as the potential for offering top-up treatment.
  - There may be benefit in providing better follow-up contact for beneficiaries after the formal end of therapy to crystallise the impact of therapy and assess for any further needs as well as garnering feedback on perceived satisfaction with therapists. Follow-up contact may well increase their sense of appreciation of the charity and their own sense of self-worth. It may also help mitigate any the impact of any negative life experiences experienced after positive treatment experiences.
2. First Steps: Increase the involvement/engagement between the charity and the veterans to promote the use of the skills/knowledge gained to generate related positive employment outcomes.
3. Home Straight: Although outside the control of the charity, it appears that it would be beneficial if local authorities and homeless residences could work together to promote sustainable progression of independence.

4. Increased use of a holistic approaches to care, utilising other WWTW and non-WWTW programmes to increase the likelihood of positive outcomes. The complexity of veterans means that problems rarely occur in isolation.
5. For ongoing monitoring of effectiveness (and potentially to do so on a larger scale), increased scope and consistency of routinely collected data would be required and would be beneficial, particularly with employment as the focus (the primary aim of WWTW).

For the knowledge gained through this study to be most valuable in assisting the progressive organisational change of WWTW, the charity should appreciate the findings at both an individual and systems level, particularly on the programme experiences (Reynolds & Holwell, 2010), considering the findings as part of a user needs analysis (Lewin, 1946, as cited by Bamford & Forrester, 2003; Rodriguez, 1988; Todnem, 2005). Doing so alongside study recommendations, will facilitate bridging the gap between where they are now (study results) and where they would like to be (organisational strategic objectives). WWTW have fully evaluated the effectiveness of Head Start but would benefit from exploring their needs in advance of implementing any of the findings, to help facilitate lasting organisational change in line with their strategic objectives.

The real understanding gathered from this thesis, however, has been the explanatory factor of work-related identity and the role support services play in this occupational transition. Little previous research, in the UK especially, has been done on identity issues related to occupational transitions out of the AF, and this thesis goes some way to addressing this shortage. Acceptance of change in occupational circumstance (influenced by validation, gratitude, military support and group status) appeared to explain the relationship between pre-discharge and discharge experiences/identity and post-military identity. An understanding of how best to mobilise the good and bad aspects of military and civilian identities could aid transition. Social and instrumental post-military support appeared to contribute to the relationship between the level of acceptance of change and the transitional outcomes. Work readiness was identified as a valuable concept in this journey, and one that should be considered in transitioning ExSP. Harmonised and collaborative efforts by all necessary AF community stakeholders (e.g. charities, government, civilian employers and the AF) will promote positive transition and acceptance of change. Considering psychological preparation for civilian work (as well as a significant work transition), both through the discharge process and in the support

provided to those who are finding the change challenging, may be crucial for later occupational and societal integration.

Transition does not appear to end after a finite number of years and success or failure may be hard to quantify immediately post-discharge. Binks and Cambridge (2018) recently concluded that it is important for future research to determine the satisfaction of service leavers for the level of transition support, and the data from this study overall concludes that practical support is of a high standard. However, psychological support and preparation for civilian life and work has been unquestionably reported to be lacking, which ExSP attribute their identity, employment, and mental health difficulties to.

## REFERENCES

- Aadahl, M., & Jørgensen, T. (2003). The effect of conducting a lottery on questionnaire response rates: A randomised controlled trial. *European Journal of Epidemiology*, 18, 941-944.
- Aasdahl, L., Pape, K., Jensen, C., Vasseljen, O., Braathen, T., Johnsen, R., & Fimland, M. S. (2017). Associations Between the Readiness for Return to Work Scale and Return to Work: A Prospective Study. *Journal of Occupational Rehabilitation*. doi:DOI 10.1007/s10926-017-9705-2
- Adams, J. H., & Williams, A. C. d. C. (2003). What affects return to work for graduates of a pain management program with chronic upper limb pain? *Journal of Occupational Rehabilitation*, 13(2), 91-106. doi:10.1023/a:1022599731391
- Adler, D., Possemato, K., Mavandadi, S., Lerner, D., Chang, H., Klaus, J., . . . Oslin, D. W. (2011). Psychiatric Status and Work Performance of Veterans of Operations Enduring Freedom and Iraqi Freedom. *Psychiatric Services*, 62(1), 39-46.
- Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015). The Challenges of Afghanistan and Iraq Veterans' Transition from Military to Civilian Life and Approaches to Reconnection. *Plos One*, 10(7).
- Al-Janabi, H., Flynn, T. N., & Coast, J. (2012). Development of a self-report measure of capability wellbeing for adults: the ICECAP-A. *Quality of Life Research*, 21(1), 167-176. doi:10.1007/s11136-011-9927-2
- Albertson, K., Best, D., Pinkney, A., Murphy, T., Irving J., & Stevenson, J. (2017). "It's not just about recovery": The Right Turn Veteran-Specific Recovery Service Evaluation <http://shura.shu.ac.uk/16021/>: May 2018
- Alkire, S. (2015). *The Capability Approach and Well-Being Measurement for Public Policy*. Oxford University: <https://www.ophi.org.uk/wp-content/uploads/OPHIWP094.pdf>: September 2016
- Andersen, M. F., Nielsen, K. M., & Brinkmann, S. (2012). Meta-synthesis of qualitative research on return to work among employees with common mental disorders. *Scandinavian Journal of Work Environment & Health*, 38(2), 93-104. doi:10.5271/sjweh.3257
- Anderson, J., & Mason, C. (2008). Reverse culture shock - Military transitions for returning soldiers with traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 23 (5), 350.
- Areberg, C., Bjorkman, T., & Bejerholm, U. (2013). Experiences of the individual placement and support approach in persons with severe mental illness. *Scandinavian Journal of Caring Sciences*, 27(3), 589-596. doi:10.1111/j.1471-6712.2012.01056.x
- Ashcroft. (2012). *The Armed Forces & Society: The military in Britain through the eyes of Service personnel, employers and the public* <http://www.veteranstransition.co.uk/reports.html>: June 2016
- Ashcroft. (2014). *The Veterans Transition review*. Lord Ashcroft Polls: <http://www.veteranstransition.co.uk/reports.html>: March 2016
- Ashcroft. (2017). *The Veterans' Transition Review: Second Follow-Up Report, October 2017* <http://www.veteranstransition.co.uk/reports.html>: March 2018
- Ashforth, B. E. (2001). *Role transitions in organisational life: An identity based perspective*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Ashforth, B. E., & Mael, F. (1989). Social Identity Theory and the Organization *The Academy of Management Review*, 14(1), 20-39.
- Ashwick, R. L., & Murphy, D. (2017). Exploring the health risks of help-seeking military veterans living in different parts of the UK. *Journal of the Royal Army Medical Corps*, 164(1), 8-14. doi:10.1136/jramc-2017-000822
- Bambra, C., Whitehead, M., & Hamilton, V. (2005). Does 'welfare-to-work' work? A systematic review of the effectiveness of the UK's welfare-to-work programmes for people with a disability or chronic illness. *Social Science & Medicine*, 60(9), 1905-1918.
- Bamford, D. R., & Forrester, P. L. (2003). 'Managing planned and emergent change within an operations management environment. *International Journal of Operations & Production Management*, 23(5), 546-564.
- Barclays Bank. (2016). Armed Forces Transition Employment and Resettlement Programme [Press release]. Retrieved from <http://www.newsroom.barclays.co.uk/r/3354/ have you ever killed anyone 1 in 6 veterans asked an>: 23 May 2016
- Baruch, Y. (2004). Transforming careers:from linear to multidirectional career paths. *Career Development International*, 9(1), 58-73. doi:10.1108/13620430410518147



- Bauer, A., Newbury-Birch, D., Robalino, S., Ferguson, J., & Wigham, S. (2018). Is prevention better than cure? A systematic review of the effectiveness of well-being interventions for military personnel adjusting to civilian life. *Plos One*, 13(5). doi:10.1371/journal.pone.0190144
- Baumeister, R. F. (1986). *Identity: Cultural change and the struggle for self*. New York: Oxford University Press.
- Beard, C., & Björgvinsson, T. (2014). Beyond generalized anxiety disorder: Psychometric properties of the GAD-7 in a heterogeneous psychiatric sample. *Journal of Anxiety Disorders*, 28(6), 547-552.
- Ben-Zeev, D., Corrigan, P. W., Britt, T. W., & Langford, L. (2012). Stigma of mental illness and service use in the military. *Journal of Mental Health*, 21(3), 264-273.
- Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234. doi:10.1177/1468794112468475
- Bergman, B. P., Burdett, H. J., & Greenberg, N. (2014). Service Life and Beyond – Institution or Culture? *The RUSI Journal*, 159(5), 60-68. doi:10.1080/03071847.2014.969946
- Bergman, B. P., Mackay, D. F., Smith, D. J., & Pell, J. P. (2016). Long-Term Mental Health Outcomes of Military Service: National Linkage Study of 57,000 Veterans and 173,000 Matched Nonveterans. *Journal of Clinical Psychiatry*, 77(6), 793-798. doi:10.4088/JCP.15m09837
- Binks, E., & Cambridge, S. (2018). The Transition Experiences of British Military Veterans. *Political Psychology*, 39(1), 125-142. doi:10.1111/pops.12399
- Blank, A., Harries, P., & Reynolds, F. (2011). Mental health service users' perspectives of work: a review of the literature. *The British Journal of Occupational Therapy*, 74(4), 191-199. doi:10.4276/030802211x13021048723336
- Blank, A., Harries, P., & Reynolds, F. (2015). 'Without Occupation You Don't Exist': Occupational Engagement and Mental Illness. *Journal Occupational Science*, 22(2), 197-209. doi:10.1080/14427591.2014.882250
- Bond, G. R. (1998). Principles of the Individual Placement and Support model: Empirical support. *Psychiatric Rehabilitation Journal*, 22(1), 11-23.
- Bond, G. R., Campbell, K., & Drake, R. E. (2012). Standardizing Measures in Four Domains of Employment Outcomes for Individual Placement and Support. *Psychiatric Services*, 63, 751-757.
- Bond, G. R., Drake, R. E., & Becker, D. R. (2012). Generalizability of the Individual Placement and Support (IPS) model of supported employment outside the US. *World Psychiatry*, 11, 32-39.
- Braathén, T. N., Brage, S., Tellnes, G., & Eftedal, M. (2013). Psychometric properties of the readiness for return to work scale in inpatient occupational rehabilitation in Norway. *Journal of Occupational Rehabilitation*, 23(3), 371-380. doi:10.1007/s10926-012-9414-9
- Braathén, T. N., Brage, S., Tellnes, G., Irene, O., Chris, J., & Eftedal, M. (2014). A Prospective Study of the Association Between the Readiness for Return to Work Scale and Future Work Participation in Norway. *Journal of Occupational Rehabilitation*. doi:DOI 10.1007/s10926-013-9497-y
- Brady, R. P. (2010). *Work Readiness Inventory: An Administrator guide*. JIST/EMC Publishing:
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Brayboy, B. M., & Deyhle, D. (2000). Insider-outsider: researchers in American Indian communities. *Theory into practice*, 39(3), 163-169.
- Brenner, L. A., Homaifar, B. Y., Adler, L. E., Wolfman, J. H., & Kemp, J. (2009). Suicidality and Veterans With a History of Traumatic Brain Injury: Precipitating Events, Protective Factors, and Prevention Strategies. *Rehabilitation Psychology*, 54(4), 390-397.
- Britten, N., Campbell, R., Pope, C., Donovan, J., Morgan, M., & Pill, R. (2002). Using meta ethnography to synthesise qualitative research: a worked example. *Journal of Health Services Research & Policy*, 7(4), 209-215.
- Brouwer, S., Franche, R. L., Hogg-Johnson, S., Lee, H., Krause, N., & Shaw, W. S. (2011). Return-to-Work Self-Efficacy: Development and Validation of a Scale in Claimants with Musculoskeletal Disorders. *Journal of Occupational Rehabilitation*, 21, 244-258.
- Brunger, H., Serrato, J., & Ogden, J. (2013). "No man's land": The transition to civilian life. *Journal of Aggression, Conflict and Peace Research*, 5(2), 86-100.
- Brustad, M., Skeie, G., Braaten, T., Slimani, N., & Lund, E. (2003). Comparison of telephone face-to-face vs interviews in the assessment of dietary intake by the 24h recall EPIC

- SOFT program—the Norwegian calibration study. *European Journal of Clinical Nutrition*, 57, 107-113.
- Bryson-Campbell, M., Shaw, L., O'Brien, J., Holmes, J., & Magalhaes, L. (2013). A scoping review on occupational and self identity after a brain injury. *Work*, 44(1), 57-67. doi:10.3233/WOR-2012-01561
- Buckman, J. E., Forbes, H. J., Clayton, T., Jones, M., Jones, N., Greenberg, N., . . . Fear, N. T. (2013). Early Service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early. *European Journal of Public Health*, 23(3), 410-415.
- Bullock, K., Fielding, J., & Hieke, G. (2018). Retiring from the police service in England and Wales: a multi-dimensional perspective. *Ageing & Society*, 1-24.
- Burdett, H., Woodhead, C., Iversen, A., Wessely, S., Dandeker, C., & Fear, N. T. (2012). "Are You a Veteran?" Understanding of the Term "Veteran" among UK Ex-Service Personnel: A Research Note. *Armed Forces & Society*, 39(4), 751-759.
- Burke, P. J. (1991). Identity processes and social stress. *American Sociological Review*, 56(6), 836-849.
- Burland, D., & Lundquist, J. H. (2011). The dynamic lives and static institutions of the "two armies": Data from the survey of active duty personnel. . *Armed Forces and Society*, 39(1), 78–101.
- Busacca, L. A., & Taber, B. J. (2016). The Career Maturity Inventory-Revised: A Preliminary Psychometric Investigation. *Journal of Career Assessment*, 10(4), 441-455. doi:10.1177/1069072702238406
- Butterworth, P., Leach, L. S., McManus, S., & Stansfeld, S. A. (2013). Common mental disorders, unemployment and psychosocial job quality: is a poor job better than no job at all? *Psychological medicine*, 43(8), 1763-1772.
- Caballero, C. L., & Walker, A. (2010). Work readiness in graduate recruitment and selection: A review of current assessment methods. *Journal of teaching and learning for graduate employability*, 1(1), 13-25.
- Caballero, C. L., Walker, A., & Fuller-Tyszkiewicz, M. (2011). The work readiness scale (WRS): developing a measure to assess work readiness in college graduates. *Journal of teaching and learning for graduate employability*, 2(2), 41-54.
- Cabrera, O. A., Hoge, C. W., Bliese, P. D., Castro, C. A., , & Messer, S. C. (2007). Childhood adversity and combat as predictors of depression and post-traumatic stress in deployed troops. . *American Journal of Preventive Medicine*, 33(2), 77-82.
- Cameron, I. M., Crawford, J. R., Lawton, K., & Reid, I. C. (2008). Psychometric comparison of PHQ-9 and HADS for measuring depression severity in primary care. *British Journal of General Practice*, 58(546), 32-36.
- Career Transition Partnership. (2017). *Connect* <https://www.ctp.org.uk/assets/x/53950>: November 2018
- Carr, E. (2000). Exploring the Effect of Postoperative Pain on Patient Outcomes Following Surgery. *Acute Pain*, 3(4), 183-193.
- CASP. (1999). *Critical Appraisal Skills Programme. Ten questions to help you make sense of qualitative research*. Oxford; CASP:
- Cave, J., Woolf, K., Jones, A., & Dacre, J. (2009). Easing the transition from student to doctor: How can medical schools help prepare their graduates for starting work? *Medical Teacher*, 31(5), 403-408. doi:10.1080/01421590802348127
- Centre for Mental Health. (2010). *The economic and social costs of mental health problems in 2009/10*. Centre for Mental Health: [https://www.centreformentalhealth.org.uk/sites/default/files/2018-10/Economic\\_and\\_social\\_costs\\_2010.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2018-10/Economic_and_social_costs_2010.pdf): 6th December 2018
- Centre for Mental Health. (2017). *IPS in the UK: Improving employment support in mental health services*. Centre for Mental Health: [https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Centre\\_for\\_Mental\\_Health\\_IPS\\_in\\_UK.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Centre_for_Mental_Health_IPS_in_UK.pdf): 6th December 2018
- Chan, K. Y., Uy, M. A., Ho, M.-h. R., Sam, Y. L., Chernyshenko, O. S., & Yu, K.-Y. T. (2015). Comparing two career adaptability measures for career construction theory: Relations with boundaryless mindset and protean career attitudes. *Journal of Vocational Behavior*, 87, 22-31. doi:10.1016/j.jvb.2014.11.006
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative research*. . London: Sage Publications Ltd.

- Christiansen, C. H. (1999). Defining lives: Occupation as identity: An essay on competence, coherence, and the creation of meaning, 1999 Eleanor Clarke Slagle lecture. *American Journal of Occupational Therapy*, 53, 547-558.
- Chudzikowski, K. (2012). Career transitions and career success in the 'new' career era. *Journal of Vocational Behavior*, 81(2), 298-306. doi:10.1016/j.jvb.2011.10.005
- Clark, D. M. (2011). Implementing NICE guidelines for the psychological treatment of depression and anxiety disorders: the IAPT experience. *International Review of Psychiatry*, 23(4), 318-327. doi:10.3109/09540261.2011.606803
- Clark, D. M. (2018). Realizing the Mass Public Benefit of Evidence-Based Psychological Therapies: The IAPT Program. *Annual Review of Clinical Psychology*, 14, 159-183. doi:10.1146/annurev-clinpsy-050817-084833
- Clark, D. M., Carvin, L., Green, J., Layard, R., Pilling, S., & Janecka, M. (2018). Transparency about the outcomes of mental health services (IAPT approach): an analysis of public data. *The Lancet*, 391(10121), 679-686. doi:10.1016/s0140-6736(17)32133-5
- Clark, D. M., Layard, R., & Smithies, R. (2009). Improving access to psychological therapy: Initial evaluation of two UK demonstration sites. *Behaviour research and therapy*, 47(11), 910-920.
- Clarke, M. (2007). Where to from here? Evaluating employability during career transition. *Journal of Management & Organization*, 13(3), 196-211.
- Clarke, M., & Patrickson, M. (2008). The new covenant of employability. *Employee relations*, 30(2), 121-141.
- Clarkson, P., Giebel, C. M., & Challis, D. (2013). *Military Veterans Improving Access to Psychological Therapies (MV IAPT) Services: Final Report of an Independent Evaluation to Pennine Care NHS Foundation Trust*. Manchester, UK: [https://www.research.manchester.ac.uk/portal/en/publications/military-veterans-improving-access-to-psychological-therapies-mv-iapt-services-final-report-of-an-independent-evaluation-to-pennine-care-nhs-foundation-trust\(96cc59c0-a20a-4163-8c30-be53d5b2790f\)/export.html](https://www.research.manchester.ac.uk/portal/en/publications/military-veterans-improving-access-to-psychological-therapies-mv-iapt-services-final-report-of-an-independent-evaluation-to-pennine-care-nhs-foundation-trust(96cc59c0-a20a-4163-8c30-be53d5b2790f)/export.html); December 2015
- Clarkson, P., Giebel, C. M., Challis, D., Duthie, P., Barrett, A., & Lambert, H. (2016). Outcomes from a pilot psychological therapies service for UK military veterans. *Nursing Open*. doi:10.1002/nop2.57
- Coleman, S. J., Stevelink, S. A. M., Hatch, S. L., Denny, J. A., & Greenberg, N. (2017). Stigma-related barriers and facilitators to help seeking for mental health issues in the armed forces: a systematic review and thematic synthesis of qualitative literature. *Psychological Medicine*, 47(11), 1880-1892. doi:10.1017/S0033291717000356
- Colic-Peisker, V., & Tilbury, F. (2004). "Active" and "Passive" Resettlement: The Influence of Support Services and Refugees' own Resources on Resettlement Style. *International Migration*, 41(5), 61-91.
- Connelly, L. M. (2008). Pilot studies. *Medsurg Nursing*, 17(6), 411-412.
- Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. . *American journal of public health* 100(10), 1953-1960.
- Conroy, S. A., Henle, C. A., Shore, L., & Stelman, S. (2017). Where there is light, there is dark: A review of the detrimental outcomes of high organizational identification. *Journal of Organizational Behavior*, 38(2), 184-203. doi:10.1002/job.2164
- Conroy, S. A., & O'Leary-Kelly, A. M. (2014). Letting Go and Moving On: Work-Related Identity Loss and Recovery. *Academy of Management Review*, 39(1), 67-87. doi:10.5465/amr.2011.0396
- Cooper, L., Caddick, N., Godier, L., Cooper, A., & Fossey, M. (2018). Transition From the Military Into Civilian Life: An Exploration of Cultural Competence. *Armed Forces & Society*, 44(1), 156-177. doi:10.1177/0095327x16675965
- Coull, G., & Morris, P. G. (2011). The clinical effectiveness of CBT-based guided self-help interventions for anxiety and depressive disorders: a systematic review. *Psychological Medicine*, 41(11), 2239-2252. doi:10.1017/S0033291711000900
- Crabtree, J. W., Haslam, S. A., Postmes, T., & Haslam, C. (2010). Mental Health Support Groups, Stigma, and Self-Esteem: Positive and Negative Implications of Group Identification. *The Journal of the Society for the Psychological Study of Social Issues*, 66(3), 553-569.
- Creamer, M., Bell, R., & Failla, S. (2003). Psychometric properties of the Impact of Event Scale—Revised. *Behaviour research and therapy*, 41(12), 1489-1496. doi:10.1016/j.brat.2003.07.010

- Creswell, J. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. London: Sage Publications.
- Crocq, M. A., & Crocq, L. (2000). From shell shock and war neurosis to posttraumatic stress disorder: a history of psychotraumatology. *Dialogues of Clinical Neuroscience*, 2(1), 47-55.
- Cruwys, T., Haslam, S. A., Dingle, G. A., Haslam, C., & Jetten, J. (2014). Depression and Social Identity: An Integrative Review. *Personality and Social Psychology Review*, 18(3), 215-238. doi:10.1177/1088868314523839
- Curry, L., & Nunez-Smith, M. (2015). *Mixed Methods in health sciences research* London, UK: Sage Publications.
- Dandeker, C. (2006). What's in a Name? Defining and Caring for "Veterans": The United Kingdom in International Perspective. *Armed Forces & Society*, 32(2), 161-177. doi:10.1177/0095327x05279177
- Dandeker, C., Goodwin, L., McCartney, H., & Duffy, B. (2015). Hearts and Minds: misperceptions and the military. <https://www.ipsos-mori.com/researchpublications/researcharchive/3587/Hearts-and-Minds-misperceptions-and-the-military.aspx>
- Dandeker, C., Wessely, S., Iversen, A., & Ross, J. (2003). *Improving the Delivery of Cross Departmental Support and Services for Veterans*. . Ministry of Defence
- Davis, L. L., Kyriakides, T. C., Suris, A. M., Ottomanelli, L. A., Mueller, L., Parker, P. E., . . . Support Toward Advancing Recovery, I. (2018). Effect of Evidence-Based Supported Employment vs Transitional Work on Achieving Steady Work Among Veterans With Posttraumatic Stress Disorder: A Randomized Clinical Trial. *Jama Psychiatry*, 75(4), 316-324. doi:10.1001/jamapsychiatry.2017.4472
- Dekker, S. (2007). *Just Culture: Balancing Safety and Accountability*. Aldershot, Ashgate.
- Delgadillo, J., Moreea, O., & Lutz, W. (2016). Different people respond differently to therapy: A demonstration using patient profiling and risk stratification. *Behaviour research and therapy*, 79, 15-22. doi:10.1016/j.brat.2016.02.003
- Deloitte LLP. (2016). *Veterans work - Recognising the potential of ex-service personnel*. Forces In Mind Trust: <https://www.fim-trust.org/wp-content/uploads/2016/11/Veterans-access-to-work-report.pdf>: May 2016
- Demers, A. (2011). When Veterans Return: The Role of Community in Reintegration. *Journal of Loss and Trauma*, 16(2), 160-179. doi:10.1080/15325024.2010.519281
- Di Leone, B. A. L., Wang, J. M., Kressin, N., & Vogt, D. (2016). Women's Veteran Identity and Utilization of VA Health Services. *Psychological Services*, 13(1), 60-68.
- DiRamio, D., Ackerman, R., & Mitchell, R. L. (2008). From Combat to Campus: Voices of Student-Veterans. *Journal of Student Affairs Research and Practice*, 45(1). doi:10.2202/1949-6605.1908
- Douglas, A. (2010). Identities in transition: living as an asylum seeker. *Advances in Psychiatric Treatment*, 16(4), 238-244. doi:10.1192/apt.bp.108.006080
- Drake, R. E., McHugo, G. J., Bebout, R. R., Becker, D. R., Harris, M., Bond, G. R., & Quimby, E. (1999). A randomized clinical trial of supported employment for innercity patients with severe mental illness. *Archives of General Psychiatry*, 56, 627-633.
- Dwyer, S. C., & Buckle, J. L. (2009). The Space Between: On Being an Insider-Outsider in Qualitative Research. *International journal of qualitative methods*, 8(1), 54-63.
- Ebaugh, H. R. F. (1988). *Becoming an ex: The process of role exit*. : University of Chicago Press.
- Elbogen, E. B. (2014). Why Financial Literacy Matters After Returning Home from War: Reducing Veteran Homelessness by Improving Money Management. *Community Investments*, 03, 25-27.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Farkas, M., Soydan, A. S., & Gagne, C. (2000). *Introduction to rehabilitation readiness*. Boston: Center for Psychiatric Rehabilitation Sargent College, Boston University
- Farrand, P., Jeffs, A., Bloomfield, T., Greenberg, N., Watkins, E., & Mullan, E. (2018). Mental health service acceptability for the armed forces veteran community. *Occupational Medicine*, 68(6), 391-398. doi:10.1093/occmed/kqy086
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G\*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175-191.



- Fear, N. T., Jones, M., Murphy, D., Hull, L., Iversen, A. C., Coker, B., . . . Wessely, S. (2010). What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *Lancet*, 375, 1783-1797. doi:10.1016/S01406736(10)60672-1
- Fear, N. T., Van Staden, L., Iversen, A., Hall, J., & Wessely, S. (2010). 50 ways to trace your veteran: increasing response rates can be cheap and effective. *European Journal of Psychotraumatology*, 1. doi:10.3402/ejpt.v1i0.5516
- Fear, N. T., Ward, V. R., Harrison, K., Davison, L., Williamson, S., & Blatchley, N. F. (2009). Suicide among male regular UK Armed Forces personnel, 1984-2007. *Occupational and Environmental Medicine*, 66(7), 438-441. doi:10.1136/oem.2008.040816
- Feinstein, Y. (2015). The Thin Line between "Crazy" and "Hero": Exploring the Multiple Statuses of US Veterans in a Work-therapy Program. *Armed Forces & Society*, 41(1), 3-22. doi:10.1177/0095327x13507054
- Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mixed methods designs-principles and practices. *Health Services Research*, 48(6 Pt 2), 2134-2156. doi:10.1111/1475-6773.12117
- FiMT. (2013). *The Transition Mapping Study: Understanding the transition process for Service personnel returning to civilian life*. Forces in Mind Trust: <https://www.fim-trust.org/wp-content/uploads/2015/01/20130810-TMS-Report.pdf>: January 2016
- FiMT. (2014). *UK Armed Forces Charities: An overview and analysis*. Forces in Mind Trust: <https://www.dsc.org.uk/wp-content/uploads/2014/09/Sector-Insight-UK-Armed-Forces-Charities.pdf>: August 2017
- FiMT. (2015). *Call to Mind: A Framework for Action* <https://www.fim-trust.org/wp-content/uploads/2015/10/CALL-TO-MIND-REPORT.pdf>: January 2017
- FiMT. (2017). *Continue to work: The transition mapping study 2017*. Forces in Mind Trust:
- Finger, M. E., Escorpizo, R., Bostan, C., & De Bie, R. (2014). Work Rehabilitation Questionnaire (WORQ): development and preliminary psychometric evidence of an ICF-based questionnaire for vocational rehabilitation. *Journal of Occupational Rehabilitation*, 24(3), 498-510. doi:10.1007/s10926-013-9485-2
- Flynn, T. N., Huynh, E., Peters, T. J., Al-Janabi, H., Clemens, S., Moody, A., & Coast, J. (2015). Scoring the Icecap-a capability instrument. Estimation of a UK general population tariff. *Health Economics*, 24(3), 258-269. doi:10.1002/hec.3014
- Forbes, D., Creamer, M., & Biddle, D. (2001). The validity of the PTSD checklist as a measure of symptomatic change in combat-related PTSD. *Behaviour research and therapy*, 39, 977-986.
- Fossey, E., & Harvey, C. J. (2010). Finding and sustaining employment: A qualitative meta-synthesis of mental health consumer views. *Canadian Journal of Occupational Therapy*, 77(5), 303-314.
- Franché, R. L., Corbiere, M., Lee, H., Breslin, F. C., & Hepburn, C. G. (2007). The Readiness for Return-To-Work (RRTW) scale: development and validation of a self-report staging scale in lost-time claimants with musculoskeletal disorders. *Journal of Occupational Rehabilitation*, 17(3), 450-472. doi:10.1007/s10926-007-9097-9
- Franché, R. L., & Krause, N. (2002a). Readiness for Return to Work Following Injury or Illness: Conceptualizing the Interpersonal Impact of Health Care, Workplace, and Insurance Factors. *Journal of Occupational Rehabilitation*, 12(4), 233-256.
- Franché, R. L., & Krause, N. (2002b). Readiness for Return to Work Following Injury or Illness: Conceptualizing the Interpersonal Impact of Health Care, Workplace, and Insurance Factors. *Journal of Occupational Rehabilitation*, 12(4), 233-256.
- Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13(117).
- Gati, I., Gadassi, R., Saka, N., Hadadi, Y., Ansenberg, N., Friedmann, R., & Asulin-Peretz, L. (2011). Emotional and Personality-Related Aspects of Career Decision-Making Difficulties: Facets of Career Indecisiveness. *Journal of Career Assessment*, 19(1), 3-20. doi:10.1177/1069072710382525
- Gati, I., Ryzhik, T., & Vertsberger, D. (2013). Preparing young veterans for civilian life: The effects of a workshop on career decision-making difficulties and self-efficacy. *Journal of Vocational Behavior*, 83(3), 373-385. doi:10.1016/j.jvb.2013.06.001
- George, L. K. (1993). Sociological Perspectives on Life Transitions. *Annual Review of Sociology*, 19, 353-373.
- Giddens, A. (1991). *Modernity and self-identity: Self and society in the late-modern age*. Cambridge: Polity Press.

- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: strategies for qualitative research*. New York.: Aldine de Gruyter.
- Goodwin, L., Jones, M., Rona, R., Sundin, J., Wessely, S., & Fear, N. T. (2012). Prevalence of Delayed-Onset Posttraumatic Stress Disorder in Military Personnel: Is There Evidence for This Disorder? *The Journal of Nervous and Mental Disease*, 200(5), 429-437.
- Goodwin, L., Wessely, S., Hotopf, M., Jones, M., Greenberg, N., Rona, R. J., . . . Fear, N. T. (2015). Are common mental disorders more prevalent in the UK serving military compared to the general working population? *Psychological Medicine*, 45(9), 1881-1891.
- Göriz, A. S. (2006). Incentives in Web Studies: Methodological Issues and a Review. *International Journal of Internet Science*, 1(1), 58-70.
- Grant, N., Hotopf, M., Breen, G., Cleare, A., Grey, N., Hepgul, N., . . . Tylee, A. (2014). Predicting outcome following psychological therapy in IAPT (PROMPT): a naturalistic project protocol. *BMC Psychiatry*, 14. doi:<http://www.biomedcentral.com/1471-244X/14/170>
- Guan, Y., Deng, H., Sun, J., Wang, Y., Cai, Z., Ye, L., . . . Li, Y. (2013). Career adaptability, job search self-efficacy and outcomes: A three-wave investigation among Chinese university graduates. *Journal of Vocational Behavior*, 83, 561-570.
- Gupta, S. K. (2011). Intention-to-treat concept: A review. *Perspectives in Clinical Research*, 2(3), 109-112. doi:10.4103/2229-3485.83221
- Gyani, A., Shafran, R., Layard, R., & Clark, D. M. (2011). *Enhancing Recovery Rates in IAPT Services: Lessons from analysis of the Year One data*. Improving Access to Psychological Therapies, London, UK.: November 2018
- Gyani, A., Shafran, R., Layard, R., & Clark, D. M. (2013a). Enhancing recovery rates: lessons from year one of IAPT. *Behaviour research and therapy*, 51(9), 597-606. doi:10.1016/j.brat.2013.06.004
- Gyani, A., Shafran, R., Layard, R., & Clark, D. M. (2013b). Enhancing recovery rates: lessons from year one of IAPT. *Behav Res Ther*, 51(9), 597-606. doi:10.1016/j.brat.2013.06.004
- Hamilton, A., Cohen, A., Glover, D., Whelan, F., Chernerinski, E., McNagny, K. P., . . . Young, A. S. (2013). Implementation of Evidence-Based Employment Services in Specialty Mental Health: Mixed Methods Research." 48 (S2): . *Health Services Research*, 48, 2224-2244.
- Hammond, S. P. (2015). Complex perceptions of identity: the experiences of student combat veterans in community college. *Community College Journal of Research and Practice*, 40(2), 146-159.
- Harden, L., & Murphy, D. (2018). Risk factors of suicidal ideation in a population of UK military veterans seeking support for mental health difficulties. *Journal of Royal Army Medical Corps*, 164(5), 352-356. doi:10.1136/jramc-2018-000921
- Harris, I. A., Khoo, O. K., Young, J. M., Solomon, M. J., & Rae, H. (2008). Lottery incentives did not improve response rate to a mailed survey: a randomized controlled trial. *Journal of Clinical Epidemiology*, 61(6), 609-610. doi:10.1016/j.jclinepi.2007.07.012
- Haslam, S. A., Jetten, J., Postmes, T., & Haslam, C. (2009). Social identity, health and wellbeing: An emerging agenda for Applied Psychology. *Applied Psychology and International Review*, 58(1), 1-23.
- Hatch, S. L., Harvey, S. B., Dandeker, C., Burdett, H., Greenberg, N., Fear, N. T., & Wessely, S. (2013). Life in and after the Armed Forces: social networks and mental health in the UK military. *Sociology of Health and Illness*, 35(7), 1045-1064.
- Haynie, J. M., & Shepherd, D. (2011). Toward a theory of discontinuous career transition: Investigating career transitions necessitated by traumatic life events. *Journal of Applied Psychology*, 96(3), 501-524.
- Herman, A., & Yarwood, R. (2014). From services to civilian: The geographies of veterans' post-military lives. *Geoforum*, 53, 41-50.
- Hertzog, M. A. (2008). Considerations in determining sample size for pilot studies. *Research in Nursing and Health*, 31(2), 180-191. doi:10.1002/nur.20247
- Higate, P. (2001). Theorizing continuity: From military to civilian life. *Armed Forces & Society*, 27(3), 443-460.
- Higate, P. (2003). 'Soft clerks' and 'hard civvies': Pluralizing military masculinities. In P. Higate (Ed.), *Military masculinities and the state*. (pp. 27-43). Westport, CT: Praeger.
- Higate, P. (2008a). Ex-service men on the road: Travel and homelessness. . *Sociological Review*, 48, 331-347.
- Higate, P. (2008b). Ex-servicemen on the road: travel and homelessness. *DSociological Review*, 48(3), 331-347.

- Higate, P., & Cameron, A. (2006). Reflexivity and Researching the Military. *Armed Forces & Society*, 32(2), 219-233.
- Higgins, E. T. (1987). Self-Discrepancy: A Theory Relating Self and Affect. *American Psychological Association*, 94(3), 319-340.
- Hills, D. (2010). *Logic mapping: hints and tips*. Tavistock Institute:
- Hirschi, A. (2012). Callings and work engagement: moderated mediation model of work meaningfulness, occupational identity, and occupational self-efficacy. *Journal of Counselling Psychology*, 59(3), 479-485. doi:10.1037/a0028949
- Hirschi, A., & Herrmann, A. (2013). Calling and career preparation: Investigating developmental patterns and temporal precedence. *Journal of Vocational Behavior*, 83(1), 51-60. doi:10.1016/j.jvb.2013.02.008
- HM Treasury. (2011). *The Magenta Book: Guidance for evaluation*. London:
- House of Lords. (2018). *Veterans Strategy: Background to Government Policy*
- Howes, L. M., & Goodman-Delahunty, J. (2013). Life Course Research Design. *Journal of Career Development*, 41(1), 62-84. doi:10.1177/0894845312474370
- Hunt, E. J., Wessely, S., Jones, N., Rona, R. J., & Greenberg, N. (2014). The mental health of the UK Armed Forces: where facts meet fiction. *Eur J Psychotraumatol*, 5. doi:10.3402/ejpt.v5.23617
- Ibarra, H., & Barbulescu, R. (2010). Identity as narrative: Prevalence, effectiveness, and consequences of narrative identity work in macro work role transitions. *Academy of Management Review*, 35(1), 135-154.
- Ibarra, H., & Petriglieri, J. L. (2010). Identity work and play. *Journal of Organizational Change Management*, 23(1), 10-25.
- Irvine Fitzpatrick, L., Prior, S., & Forsyth, K. (2018). *An evaluation of V1P Centres across Scotland*. Veterans First Point Scotland:
- Iversen, A., Dyson, C., Smith, N., Greenberg, N., Walwyn, R., Unwin, C., . . . Wessely, S. (2005). 'Goodbye and good luck': the mental health and treatment experiences of British ex-service personnel. *British Journal of Psychiatry*, 186, 480-486.
- Iversen, A., Fear, N. T., Simonoff, E., Hull, L., Horn, O., Greenberg, N., . . . Wessely, S. (2007). Influence of childhood adversity on health among male UK military personnel. *British Journal of Psychiatry*, 191, 506-511.
- Iversen, A., & Greenberg, N. (2009). Mental health of regular and reserve military veterans. *Advances in Psychiatric Treatment*, 15(2), 100-106.
- Iversen, A., Nikolaou, V., Greenberg, N., Unwin, C., Hull, L., Hotopf, M., . . . Wessely, S. (2005). What happens to British veterans when they leave the armed forces? *European Journal of Public Health*, 15(2), 175-184.
- Iversen, A., van Staden, L., Hughes, J. H., Browne, T., Greenberg, N., Hotopf, M., . . . Fear, N. T. (2010a). Help-seeking and receipt of treatment among UK service personnel. *British Journal of Psychiatry*, 197(2), 149-155. doi:10.1192/bjp.bp.109.075762
- Iversen, A., van Staden, L., Hughes, J. H., Browne, T., Greenberg, N., Hotopf, M., . . . Fear, N. T. (2010b). Help-seeking and receipt of treatment among UK service personnel. *Br J Psychiatry*, 197(2), 149-155. doi:10.1192/bjp.bp.109.075762
- Iversen, A., van Staden, L., Hughes, J. H., Browne, T., Hull, L., Hall, J., . . . Fear, N. T. (2009). The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry*, 9, 68.
- Iverson, S. V., & Anderson, R. (2013). Called to serve: A handbook on student veterans and higher education. In F. A. Hamrick & C. B. Rumann (Eds.), *The complexity of veteran identity: Understanding the role of gender, race and sexuality*. San Francisco, CA, US: Jossey-Bass.
- Jacobson, N. S., & Truax, P. (1991). Clinical Significance: A Statistical Approach to Defining Meaningful Change in Psychotherapy Research. *Journal of Consulting and Clinical Psychology*, 59(1), 12-19.
- Jaensch, V. K., Hirschi, A., & Spurk, D. (2016). Relationships of Vocational Interest Congruence, Differentiation, and Elevation to Career Preparedness Among University Students. *Zeitschrift Fur Arbeits-Und Organisationspsychologie*, 60(2), 79-89. doi:10.1026/0932-4089/a000210
- Janeiro, I. N., Mota, L. P., & Ribas, A. M. (2014). Effects of two types of career interventions on students with different career coping styles. *Journal of Vocational Behavior*, 85(1), 115-124. doi:10.1016/j.jvb.2014.05.006
- Johnsen, S., Jones, A., & Rugg, J. (2008). *The experience of homeless exservice personnel in London*. Centre for Housing Policy, University of York:

- Jolly, R. (1996). *Changing Step From Military to Civilian Life: people in transition*. London: Brassey's.
- Jones, R. J., Woods, S. A., & Guillaume, Y. R. F. (2016). The effectiveness of workplace coaching: A meta-analysis of learning and performance outcomes from coaching. *Journal of Occupational and Organizational Psychology*, 89(2), 249-277. doi:10.1111/joop.12119
- Kalil, A., Schweingruber, H. A., & Seefeldt, K. S. (2001). Correlates of Employment Among Welfare Recipients: Do Psychological Characteristics and Attitudes Matter? *American Journal of Community Psychology*, 29(5), 701-723.
- Kapur, N., While, D., Blatchley, N., Bray, I., & Harrison, K. (2009). Suicide after leaving the UK armed forces--a cohort study. *PLoS Med*, 6(3), e26. doi:10.1371/journal.pmed.1000026
- Keating, N. L., Zaslavsky, A. M., Goldstein, J., West, D. W., & Ayanian, J. Z. (2008). Randomized trial of \$20 versus \$50 incentives to increase physician survey response rates. *Medical Care*, 46(8), 878-881.
- Koenig, C. J., Maguen, S., Monroy, J. D., Mayott, L., & Seal, K. H. (2014). Facilitating culture-centered communication between health care providers and veterans transitioning from military deployment to civilian life. *Patient Education and Counseling*, 95(3), 414-420.
- Kralik, D., Visentin, K., & van Loon, A. (2006). Transition: a literature review. *Journal of Advanced Nursing*, 55(3), 320-329. doi:10.1111/j.1365-2648.2006.03899.x
- Kroger, J., & Marcia, J. E. (2011). Identity statuses: Origins, meanings, and interpretations. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research*. New York: Springer.
- Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan.
- Kukla, M., & Bond, G. R. (2013). A randomized controlled trial of evidence-based supported employment: Nonvocational outcomes. *Journal of Vocational Rehabilitation*, 38, 91-98. doi:10.3233/JVR-130623
- Kukla, M., Bond, G. R., & Xie, H. (2012). A prospective investigation of work and nonvocational outcomes in adults with severe mental illness. *The Journal of Nervous and Mental Disease*, 200(3), 214-222. doi:10.1097/NMD.0b013e318247cb29
- Kukla, M., Bonfils, K. A., & Salyers, M. P. (2015). Factors impacting work success in Veterans with mental health disorders: A Veteran-focused mixed methods pilot study. *Journal of Vocational Rehabilitation*, 43(1), 51-66. doi:10.3233/jvr-150754
- Kukla, M., Rattray, N. A., & Salyers, M. P. (2015). Mixed methods study examining work reintegration experiences from perspectives of Veterans with mental health disorders. *Journal of Rehabilitation Research & Development*, 52(4), 477-490.
- Lam, C. S., Wiley, A. H., Siu, A., & Emmett, J. (2010). Assessing readiness to work from a stages of change perspective: implications for return to work. *Work*, 37(3), 321-329. doi:10.3233/WOR-2010-1085
- Law, M., Steinwender, S., & LeClair, L. (1998). Occupation, health and well-being. *Canadian journal of occupational therapy*, 65(2), 81-91.
- Leddy, M., Stefanovics, E., & Rosenheck, R. (2013). Health and well-being of homeless veterans participating in transitional and supported employment: Six-month outcomes. *Journal of rehabilitation research and development*, 51 (1), 161-175.
- Lee, E. S., Park, T. Y., & Koo, B. (2015). Identifying organizational identification as a basis for attitudes and behaviors: A meta-analytic review. *Psychological Bulletin*, 141(5), 1049-1080.
- Lehman, A. F., Goldberg, R., Dixon, L. B., McNary, S., Postrado, L., Hackman, A., & McDonnell, K. (2002). Improving employment outcomes for persons with severe mental illnesses. *Archives of General Psychiatry*, 59(2), 165-172.
- Li-Tsang, C. W., Li, E. J., Lam, C. S., Hui, K. Y., & Chan, C. C. (2008). The effect of a job placement and support program for workers with musculoskeletal injuries: a randomized control trial (RCT) study. *Journal of Occupational Rehabilitation*, 18(3), 299-306.
- Li, E. J., Li-Tsang, C. W., Lam, C. S., Hui, K. Y., & Chan, C. C. (2006). The effect of a "training on work readiness" program for workers with musculoskeletal injuries: a randomized control trial (RCT) study. *Journal of Occupational Rehabilitation*, 16(4), 529-541.
- Lucca, A. M., Henry, A. D., Banks, S., Simon, L., & Page, S. (2004). Evaluation of an individual placement and support model (IPS) program. *Psychiatric Rehabilitation Journal*, 27(3), 251-257.
- Luyckx, K., Duriez, B., Klimstra, T. A., & De Witte, H. (2010). Identity statuses in young adult employees: Prospective relations with work engagement and burnout. *Journal of Vocational Behavior*, 77(3), 339-349. doi:10.1016/j.jvb.2010.06.002



- MacLean, A. (2016). Skills Mismatch? Military Service, Combat Occupations, and Civilian Earnings. *Sociological Perspectives*, 60(2), 229-250. doi:10.1177/0731121416632011
- Macmanus, D., & Wessely, S. (2013). Veteran mental health services in the UK: are we headed in the right direction? *Journal of Mental Health*, 22(4), 301-305.
- Maeler, M., & Jones, J. (2014). Methodological and ethical issues related to qualitative telephone interviews on sensitive topics. *Nurse Researcher*, 21(4), 32-37.
- Makki, B. I., Salleh, R., Memon, M. A., & Harun, H. (2015). The Relationship between Work Readiness Skills, Career Self-efficacy and Career Exploration among Engineering Graduates: A Proposed Framework. *Research Journal of Applied Sciences, Engineering and Technology*, 10(9), 1007-1011.
- Manea, L., Gilbody, S., & McMillan, D. (2012). Optimal cut-off score for diagnosing depression with the Patient Health Questionnaire (PHQ-9): a meta-analysis. *Canadian Medical Association Journal*, 184(3), 191-196. doi:10.1503/cmaj.112004
- Marcia, J. E. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology*, 3, 551-558.
- Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, 13(6), 522-525.
- Mason, G., Williams, G., & Cranmer, S. (2009). Employability skills initiatives in higher education: what effects do they have on graduate labour market outcomes? *Education Economics*, 17(1), 1-30. doi:10.1080/09645290802028315
- McAllister, C. P., Mackey, J. D., Hackney, K. J., & Perrewe, P. L. (2015). From combat to khakis: An exploratory examination of job stress with veterans. *Military Psychology*, 27(2), 93-107.
- McCartney, H. (2010). The military covenant and the civil-military contract in Britain. *International Affairs (Royal Institute of International Affairs 1944-)*, 86(2), 411-428.
- McCartney, H. (2011). Hero, Victim or Villain? The Public Image of the British Soldier and its Implications for Defense Policy. *Defense & Security Analysis*, 27(1), 43-54.
- McKee-Ryan, F. M., Song, Z., Wanberg, C. R., & Kinicki, A. J. (2011). Psychological and Physical Well-Being During Unemployment: A Meta-Analytic Study. *Journal of Applied Psychology*, 90(1), 53-76.
- Mellotte, H., Murphy, D., Rafferty, L., & Greenberg, N. (2017a). Pathways into mental health care for UK veterans: a qualitative study. *Eur J Psychotraumatol*, 8(1), 1389207. doi:10.1080/20008198.2017.1389207
- Mellotte, H., Murphy, D., Rafferty, L., & Greenberg, N. (2017b). Pathways into mental health care for UK veterans: a qualitative study. *European Journal of Psychotraumatology*, 8(1), 1389207. doi:10.1080/20008198.2017.1389207
- Metraux, S., Cusack, M., Byrne, T. H., Hunt-Johnson, N., & True, G. (2017). Pathways into homelessness among post-9/11-era veterans. *Psychological Services*, 14(2), 229-237. doi:10.1037/ser0000136
- Miller, K. E., Finn, J. A., & Newman, E. (2014). Are Communities Ready? Assessing Providers' Practices, Attitudes, and Knowledge About Military Personnel. *Professional Psychology - Research & Practice*, 45(6), 398-404.
- Ministry of Defence. (2011). *The Armed Forces Covenant*. Ministry of Defence:
- Ministry of Defence. (2016a). Join: A Better You. Retrieved from <http://www.army.mod.uk/join/abetteryou/>: 24th May 2016
- Ministry of Defence. (2016b). *UK Armed Forces Monthly Service Personnel Statistics*. Ministry of Defence:
- Ministry of Defence. (2017a). *Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016*. MoD:
- Ministry of Defence. (2017b). *Veterans: Key Facts*. Ministry of Defence:
- Ministry of Defence. (2018a). *UK Armed Forces Quarterly Service Personnel Statistics*. Ministry of Defence:
- Ministry of Defence. (2018b). *UK Regular Armed Forces Continuous Attitude Survey*. Ministry of Defence:
- Ministry of Housing Communities & Local Government. (2018). *Rough Sleeping Strategy 2018*
- Mitchell, P. M., Al-Janabi, H., Byford, S., Kuyken, W., Richardson, J., Iezzi, A., & Coast, J. (2017). Assessing the validity of the ICECAP-A capability measure for adults with depression. *BMC Psychiatry*, 17(1), 46. doi:10.1186/s12888-017-1211-8
- Monforte-Royo, C., Villavicencio-Chavez, C., Tomas-Sabado, J., Mahtani-Chugani, V., & Balaguer, A. (2012). What lies behind the wish to hasten death? A systematic review and meta-ethnography from the perspective of patients. *PLoS One*, 7(5), e37117. doi:10.1371/journal.pone.0037117

- Mueser, K. T., Clark, R. E., Haines, M., Drake, R. E., McHugo, G. J., Bond, R., . . . Swain, K. (2004). The Hartford study of supported employment for persons with severe mental illness. *Journal of Consulting and Clinical Psychology, 72*.
- Mumford, A. (2012). Veteran Care in the United Kingdom and the Sustainability of the 'Military Covenant'. *The Political Quarterly, 83*(4), 820-826. doi:10.1111/j.1467-923X.2012.00000.x
- Muncer, S., & Dent, H. (2017). Comorbidity between PTSD and Anxiety and Depression: Implications for IAPT Services. *Archives of Depression and Anxiety, 014-017*. doi:10.17352/2455-5460.000017
- Mundt, J. C., Marks, I. M., Shear, K., & Griest, J. H. (2002). Work and Social Adjustment Scale: a simple measure in impairment in functioning. *British Journal of Psychiatry, 180*, 461-464.
- Murphy, D., Ashwick, R., Palmer, E., & Busuttil, W. (2017). Describing the profile of a population of UK veterans seeking support for mental health difficulties. *Journal of Mental Health, 1-8*. doi:10.1080/09638237.2017.1385739
- Murphy, D., & Busuttil, W. (2015). Exploring outcome predictors in UK veterans treated for PTSD. *Psychology Research, 8*, 441-451.
- Murphy, D., Hodgman, G., Carson, C., Spencer-Harper, L., Hinton, M., Wessely, S., & Busuttil, W. (2015). Mental health and functional impairment outcomes following a 6-week intensive treatment programme for UK military veterans with post-traumatic stress disorder (PTSD): a naturalistic study to explore dropout and health outcomes at follow-up. *BMJ Open, 5*(3), e007051.
- Murphy, D., Iversen, A., & Greenberg, N. (2008). The mental health of veterans. *Journal of Royal Army Medical Corps, 154*(2), 135-138.
- Murphy, D., Ross, J., Ashwick, R., Armour, C., & Busuttil, W. (2017). Exploring optimum cut-off scores to screen for probable posttraumatic stress disorder within a sample of UK treatment-seeking veterans. *Eur J Psychotraumatol, 8*(1), 1398001. doi:10.1080/20008198.2017.1398001
- Murphy, D., & Smith, K. V. (2018). Treatment Efficacy for Veterans With Posttraumatic Stress Disorder: Latent Class Trajectories of Treatment Response and Their Predictors. *Journal of Traumatic Stress, 31*(5), 753-763. doi:10.1002/jts.22333
- Murrison, A. (2010). *A mental health plan for servicemen and veteran*. London: HM Government
- Naphan, D. E., & Elliott, M. (2015). Role Exit from the Military: Student Veterans' Perceptions of Transitioning from the U.S. Military to Higher Education. *Qualitative Report, 20*(2), 36-48.
- National IAPT Programme Team. (2011). *The IAPT Handbook*. National Health Service (NHS): NHS Digital. (2014). *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey*. The Information Centre for Health and Social Care.:
- NHS Digital. (2018). *Psychological Therapies: Annual Report on the Use of IAPT Services—England, 2016–17*. Leeds, UK: NHS Digital: [www.digital.nhs.uk/pubs/psycther1617add](http://www.digital.nhs.uk/pubs/psycther1617add): December 2018
- NICE. (2015). Workplace health: policy and management practices. National Institute for Health and Care Excellence Retrieved from <https://www.nice.org.uk/>:
- Noblit, & Hare. (1988). *Meta-Ethnography: Synthesizing Qualitative Studies*. Newbury Park, CA: Sage
- O'Connell, M. J., Kaspro, W., & Rosenheck, R. A. (2008). Rates and risk factors for homelessness after successful housing in a sample of formerly homeless veterans. *Psychiatric Services, 59*(3), 268-275.
- O'Rourke, T., & Satterfield, C. E. (1974). Think Exit at Entry *Journal of Correctional Education, 56*(2), 189-194.
- Ofte, H. J. (2014). *Investigating Stages of Return to Work in Norway Cross-Cultural Adaptation of The Readiness for Return to Work Scale (Long Version)*. Dissertation. University of Oslo.
- Oliver, A., Healey, A., & Donaldson, C. (2002). Choosing the method to match the perspective: economic assessment and its implications for health-services efficiency. *The Lancet, 359*(9319), 1771-1774. doi:10.1016/s0140-6736(02)08664-6
- Olsen, T., Badger, K., & McCuddy, M. D. (2014). Understanding the student veterans' college experience: an exploratory study. *U.S. Army Medical Department journal, 101-108*.
- Ottomanelli, L., Goetz, L. L., Barnett, S. D., & Njoh, E. (2018). Predictors of employment outcomes among supported employment program participants with spinal cord injury. *Journal of Vocational Rehabilitation, 49*(2), 139-148. doi:10.3233/jvr-180960

- Ottomanelli, L., Goetz, L. L., Suris, A., McGeough, C., Sinnott, P. L., Toscano, R., . . . Thomas, F. P. (2012). Effectiveness of supported employment for veterans with spinal cord injuries: results from a randomized multisite study. *Archives of Physical Medicine and Rehabilitation*, 93(5), 740-747. doi:10.1016/j.apmr.2012.01.002
- Palaganas, E. C., Sanchez, M. C., Molintas, M. V. P., & Caricativo, R. D. (2017). Reflexivity in Qualitative Research: A Journey of Learning. *The Qualitative Report*, 22(2), 426-438.
- Parkinson, S., Eatough, V., Holmes, J., Stapley, E., & Midgley, N. (2015). Framework analysis: a worked example of a study exploring young people's experiences of depression. *Qualitative Research in Psychology*, 13(2), 109-129. doi:10.1080/14780887.2015.1119228
- Pedersen, A. B., Mikkelsen, E. M., Cronin-Fenton, D., Kristensen, N. R., Pham, T. M., Pedersen, L., & Petersen, I. (2017). Missing data and multiple imputation in clinical epidemiological research. *Clinical Epidemiology*, 9, 157-166. doi:10.2147/CLEP.S129785
- Pettitt, D. A., Raza, S., Naughton, B., Roscoe, A., Ramakrishnan, A., Ali, A., . . . Brindley, D. A. (2016). The Limitations of QALY: A Literature Review. *Journal of Stem Cell Research & Therapy*, 06(04). doi:10.4172/2157-7633.1000334
- Podolny, J. M., & Baron, J. N. (1997). Resources and relationships: social networks and mobility in the workplace *American Sociological Review*, 62(5), 673-693.
- Porfeli, E. J., & Savickas, M. L. (2012). Career Adapt-Abilities Scale-USA Form: Psychometric properties and relation to vocational identity. *Journal of Vocational Behavior*, 80(3), 748-753. doi:10.1016/j.jvb.2012.01.009
- Posternak, M. A., & Miller, I. (2001). Untreated short-term course of major depression: A meta-analysis of outcomes from studies using wait-list control groups. *Journal of Affective Disorders*, 66(2-3), 139-146.
- Powell, D., & Luzzo, D. A. (1998). Evaluating factors associated with career maturity of high school students. . *Career Development Quarterly*, 47(2), 145-158.
- Pozo, A., & Walker, C. (2014). *UK Armed Forces Charities: An overview and analysis*. Directory of Social Change:
- Prochaska, J. O., & Diclemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. . *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.
- Prochaska, J. O., Diclemente, C. C., & Norcross, J. C. (1992). In search of how people change. Applications to addictive behaviors. . *American Psychologist*, 47(9), 1102-1114.
- Quilgars, D., Bevan, M., Bretherton, J., O'Malley, L., & Pleace, N. (2016). *Accommodation for Single Veterans: Developing Housing and Support Pathways*
- Rafferty, L., Stevelink, S. A. M., Greenberg, N., & Wessely, S. (2017). *Stigma and barriers to care in service leavers with mental health problems*. FiMT:
- Randall, G., & Brown, S. (1994). *Falling out: A Research Study of Homeless ex-Service people*. Crisis:
- Redmond, S. A., Wilcox, S. L., Campbell, S., Kim, A., Finney, K., Barr, K., & Hassan, A. M. (2015). A brief introduction to the military workplace culture. *Work-a Journal of Prevention Assessment & Rehabilitation*, 50(1), 9-20. doi:10.3233/wor-141987
- Reynolds, M., & Holwell, S. (2010). Systems approaches to managing change: a practical guide. : Springer Science & Business Media.
- Richards, D. A., & Borglin, G. (2011a). Implementation of psychological therapies for anxiety and depression in routine practice: two year prospective cohort study. *J Affect Disord*, 133(1-2), 51-60. doi:10.1016/j.jad.2011.03.024
- Richards, D. A., & Borglin, G. (2011b). Implementation of psychological therapies for anxiety and depression in routine practice: two year prospective cohort study. *Journal of Affective Disorders*, 133(1-2), 51-60. doi:10.1016/j.jad.2011.03.024
- Riddell, S., Banks, P., & Wilson, A. (2002). A flexible gateway to employment? Disabled people and the Employment Service's Work Preparation Programme in Scotland. *Policy And Politics*.
- Rinaldi, M., Miller, L., & Perkins, R. (2010). Implementing the individual placement and support (IPS) approach for people with mental health conditions in England. *International Review of Psychiatry*, 22(2), 163-172. doi:10.3109/09540261003720456
- Ritchie, J., & Lewis, J. (2003). Carrying out qualitative analysis. In J. Ritchie & J. Lewis (Eds.), *Qualitative research in practice: A guide for social science students and researchers*. (pp. 219-262). London: Sage.
- Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R. G. Burgess (Eds.), *Analysing Qualitative Data* (pp. 173-194): Taylor & Francis Books.

- Roberts, M. M., & Pratt, C. W. (2007). Putative Evidence of Employment Readiness. *Psychiatric Rehabilitation Journal*, 30(3), 175-181. doi:10.2975/30.3.2007.175.181
- Roberts, M. M., & Pratt, C. W. (2010). A Construct Validity Study of Employment Readiness in Persons with Severe Mental Illness. *American Journal of Psychiatric Rehabilitation*, 13(1), 40-54. doi:10.1080/15487760903489259
- Robertson, H., & Brott, P. (2013). Male Veterans' Perceptions of Midlife Career Transition and Life Satisfaction: A Study of Military Men Transitioning to the Teaching Profession. *Adultspan Journal*, 12(2), 66-79.
- Robertson, H., & Brott, P. (2014). Military Veterans' Midlife Career Transition and Life Satisfaction. *The Professional Counselor*, 4(2), 139-149.
- Rodriguez, S. R. (1988). Needs Assessment and Analysis: Tools for Change. *Journal of Instructional Development*, 11(1), 23-28.
- Rosenheck, R., Frisman, L., & Chung, A. M. (1994). The proportion of veterans among homeless men. *American Journal of Public Health*, 84, 466-469.
- Rosenheck, R., Leda, C., Gallup, P., Astrachan, B., Milstein, R., Leaf, P., . . . Errera, P. (1989). Initial assessment data from a 43-site program for homeless chronic mentally ill veterans. *Hosp Community Psychiatry*, 40, 937-942.
- Rossom, R. C., Solberg, L. I., Vazquez-Benitez, G., Whitebird, R. R., Crain, A. L., Beck, A., & Unutzer, J. (2016). Predictors of Poor Response to Depression Treatment in Primary Care. *Psychiatric Services*, 67(12), 1362-1367. doi:10.1176/appi.ps.201400285
- Royal British Legion. (2014). *A UK Household Survey Of The Ex-Service Community*. Royal British Legion: <https://media.britishlegion.org.uk/Media/2275/2014householdsurveyreport.pdf>. January 2016
- Royal British Legion. (2016). *Deployment To Employment: exploring the veteran employment gap in the UK*. Royal British Legion: <https://www.britishlegion.org.uk/get-involved/campaign/the-veteran-employment-gap/>. July 2017
- Rudstam, H., Strobel Gower, W., & Cook, L. W. (2012). Beyond yellow ribbons: Are employers prepared to hire, accommodate and retain returning veterans with disabilities? *Journal of Vocational Rehabilitation*, 36, 87-95.
- Savickas, M. L. (1997). Career Adaptability: An Integrative Construct for Life-Span, Life-Space Theory. *Career Development Quarterly*, 45, 247-259.
- Savickas, M. L. (2013a). The 2012 Leona Tyler Award address: Constructing careers-actors, agents, and authors. *The Counseling Psychologist*, 41(4), 648-662.
- Savickas, M. L. (2013b). 'Career Construction theory and practice' In R. W. Lent & S. D. Brown (Eds.), *Career Development and Counseling: putting theory and research to work* (2 ed., pp. 147-183). New Jersey: John Wiley and sons
- Savickas, M. L., & Hartung, P. J. (1996). The career development inventory in review: Psychometric and research findings. *Journal of Career Assessment*, 4(2), 171-188. doi:10.1177/106907279600400204
- Savickas, M. L., & Porfeli, E. J. (2011). Revision of the Career Maturity Inventory: The Adaptability Form. *Journal of Career Assessment*, 19(4), 355-374. doi:10.1177/1069072711409342
- Savickas, M. L., & Porfeli, E. J. (2012). Career Adapt-Abilities Scale: Construction, reliability, and measurement equivalence across 13 countries. *Journal of Vocational Behavior*, 80(3), 661-673. doi:10.1016/j.jvb.2012.01.011
- Schermer, T. W. (2014). A Phenomenological Examination of Veterans Who Become Mental Health Professionals: Implications for the Professorate. *Journal of Military and Government Counseling*, 2(1), 16-32.
- Schulker, D. (2017). The Recent Occupation and Industry Employment Patterns of American Veterans. *Armed Forces & Society*, 43(4), 695-710. doi:10.1177/0095327x16659875
- Schütz, A. (1962). *Collected Papers 1*. Martinus Nijhoff: The Hague.
- Scott, D., & Hansberry, P. (2015). *Developing a common approach to supporting the progression of young people towards employment: Pilot Project using 'Work Star' - Evaluation Report*. London Borough of Hounslow:
- Segal, M. W. (1986). The Military and the Family as Greedy Institutions. *Armed Forces and Society*, 13, 9-38.
- Sen, A. (1992). *Inequality reexamined*. New York: Russell Sage Foundation.
- Sen, A. (1993). Capability and wellbeing. In M. C. Nussbaum (Ed.), *The Quality of Life*. Oxford: Clarendon Press.
- Sharma, S., & Sharma, M. (2010). Self, social identity and psychological well-being. *Psychological Studies*, 55(2), 118-136. doi:10.1007/s12646-010-0011-8



- Shepherd, D. A., & Williams, T. A. (2018). Hitting Rock Bottom After Job Loss: Bouncing Back to Create a New Positive Work Identity. *Academy of Management Review*, 43(1), 28-49. doi:10.5465/amr.2015.0102
- Shin, Y. J., & Kelly, K. R. (2015). Resilience and Decision-Making Strategies as Predictors of Career Decision Difficulties. *Career Development Quarterly*, 63(4), 291-305. doi:10.1002/cdq.12029
- Silva, F. Q. B. d., Cruz, S. S. J. O., Gouveia, T. B., & Capretz, L. F. (2013). Using Meta-ethnography to Synthesize Research: A Worked Example of the Relations between Personality and Software Team Processes. 153-162. doi:10.1109/esem.2013.11
- Singer, E. (2002). The Use of Incentives to Reduce Nonresponse in Household Surveys. In R. M. Groves, Dillman, D. A., Eltinge, J. L., Little, R. J., editor (Ed.), *Survey nonresponse* (1st ed ed., pp. 163-178). New York: John Wiley & Sons.
- Singer, E., & Ye, C. (2012). The Use and Effects of Incentives in Surveys. *The ANNALS of the American Academy of Political and Social Science*, 645(1), 112-141. doi:10.1177/0002716212458082
- Slade, M. (2010). Mental illness and well-being: the central importance of positive psychology and recovery approaches. *BMC Health Serv Res*, 10, 26. doi:10.1186/1472-6963-10-26
- Smelson, D. A., Kline, A., Kuhn, J., Rodrigues, S., O'Connor, K., Fisher, W., . . . Kane, V. A. (2013). Wraparound treatment engagement intervention for homeless veterans with co-occurring disorders. *Psychological Services*, 10(2), 161-167.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method and research*. London: Sage.
- Smith, R. T., & True, G. (2014). Warring Identities: Identity Conflict and the Mental Distress of American Veterans of the Wars in Iraq and Afghanistan. *Society and Mental Health*, 4(2), 147-161.
- Spitzer, R. L., Kroenke, K., & Williams, J. B. W. (1999). Validation and Utility of a Self-report Version of PRIME-MD The PHQ Primary Care Study. *Journal of the American Medical Association*, 282(18), 1737-1744.
- Spitzer, R. L., Kroenke, K., & Williams, J. B. W. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder. *Archives of International Medicine*, 166, 1092-1097.
- Srivastava, A., & Thomas, S. B. (2009). Framework Analysis: A qualitative methodology for applied policy research *Journal of Administration & Governance*, 4(2), 72-79.
- St Mungos. (2018). *Chain annual report Greater London: April 2017 - March 2018*. St Mungos: <https://data.london.gov.uk/dataset/chain-reports>: September 2018
- Stambulova, N., & Ryba, T. (2013). *Athletes' careers across the culture*. London: Routledge.
- Stergiou-Kita, M., Rappolt, S., Kirsh, B., & Shaw, L. (2009). Evaluating work readiness following acquired brain injury: Building a shared understanding. *Canadian Journal of Occupational Therapy*, 76(4), 276-284.
- Stern, E., Stame, N., Mayne, J., Forss, K., Davies, R., & Befani, B. (2012). *Broadening the range of designs and methods of impact evaluations*. Department for International Development (DFID):
- Stevelling, S. A. M., Jones, M., Hull, L., Pernet, D., MacCrimmon, S., Goodwin, L., . . . Wessely, S. (2018). Mental health outcomes at the end of the British involvement in the Iraq and Afghanistan conflicts: a cohort study. *British Journal of Psychiatry*, 1-8. doi:10.1192/bjp.2018.175
- Stevelling, S. A. M., Jones, N., Jones, M., Dyball, D., Khera, C. K., Pernet, D., . . . Fear, N. T. (2019). Do serving and ex-serving personnel of the UK armed forces seek help for perceived stress, emotional or mental health problems? *European Journal of Psychotraumatology*, 10(1), 1556552. doi:10.1080/20008198.2018.1556552
- Stevelling, S. A. M., Malcolm, E. M., Mason, C., Jenkins, S., Sundin, J., & Fear, N. T. (2015). The prevalence of mental health disorders in (ex-)military personnel with a physical impairment: a systematic review. *Occupational and Environmental Medicine*, 72(4), 243-251. doi:10.1136/oemed-2014-102207
- Stryker, S. (1980). *Symbolic Interactionism: A Social Structural Version*. Menlo Park, CA: Benjamin/Cummings Publishing Company.
- Sturges, J. E., & Hanrahan, K. J. (2004). Comparing telephone and face-to-face qualitative interviewing: a research note. *Qualitative Research*, 4(1), 107-118.
- Surujlal, J., & van Zyl, Y. (2014). Understanding the Dynamics of Sport-Career Transition of Olympic Athletes. *Mediterranean Journal of Social Sciences*, 5(20), 477-484. doi:10.5901/mjss.2014.v5n20p477

- Tajfel, H. (1978). The achievement of group identification. In H. Tajfel (Ed.), *Differentiation between social groups: Studies in the social psychology of intergroup relations* (pp. 77-98). London: Academic Press.
- Tannenbaum, M. (2007). Back and forth: Immigrants' stories of migration and return. *International Migration*, 45(5), 147-175.
- Theeboom, T., Beersma, B., & van Vianen, A. E. M. (2014). Does coaching work? A meta-analysis on the effects of coaching on individual level outcomes in an organizational context. *Journal of Positive Psychology*, 9(1), 1-18.
- Thoits, P. A. (1995). Stress, Coping and Social Support Processes: Where Are We? What Next? *Journal of Health and Social Behavior (Extra Issue)*, 53-79.
- Thoits, P. A. (1999). Self, identity, stress and mental health. In C. S. Aneshensel & J. C. Phelan (Eds.), *Handbook of the sociology of mental health* (pp. 345-368). New York: Springer.
- Thompson, J. M., Lockhart, W., Roach, M., B., , Atuel, H., Bélanger, S., Black, T., . . . Truusa, T. T. (2017). *Veterans' Identities and Well-being in Transition to Civilian Life-A Resource for Policy Analysts, Program Designers, Service Providers and Researchers. Report of the Veterans' Identities Research Theme Working Group, Canadian Institute for Military and Veteran Health Research Forum 2016*. Charlottetown PE: Research Directorate, Veterans Affairs Canada.:
- Todnem, R. (2005). Organisational Change Management: A Critical Review. *Journal of Change Management*, 5(4), 369-380.
- Tomar, N., & Stoffel, V. (2014). Examining the lived experience and factors influencing education of two student veterans using photovoice methodology. *The American journal of occupational therapy : official publication of the American Occupational Therapy Association*, 68(4), 430-438.
- Toye, F., Seers, K., Allcock, N., Briggs, M., Carr, E., & Barker, K. (2014). Meta-ethnography 25 years on: challenges and insights for synthesising a large number of qualitative studies. *BMC Medical Research Methodology*, 14. doi:<http://www.biomedcentral.com/1471-2288/14/80>
- Trevillion, K., Hughes, B., Feder, G., Borschmann, R., Oram, S., & Howard, L. M. (2014). Disclosure of domestic violence in mental health settings: a qualitative meta-synthesis. *International Review of Psychiatry*, 26(4), 430-444. doi:10.3109/09540261.2014.924095
- Triangle Consulting. (2016). *Work Star: The Outcomes Star for finding work* <http://www.outcomesstar.org.uk/using-the-star/see-the-stars/work-star/>:
- Tsai, J., Harpaz-Rotem, I., Pietrzak, R. H., & Southwick, S. M. (2012). The role of coping, resilience, and social support in mediating the relation between PTSD and social functioning in veterans returning from Iraq and Afghanistan. . *Psychiatry: Interpersonal & Biological Processes*, 75(2), 135-149.
- Tsai, J., Kaspro, W. J., & Rosenheck, R. A. (2014). Alcohol and drug use disorders among homeless veterans: prevalence and association with supported housing outcomes. *Addictive Behaviors*, 39(2), 455-460. doi:10.1016/j.addbeh.2013.02.002
- Tsai, J., Pietrzak, R. H., & Rosenheck, R. A. (2013). Homeless veterans who served in Iraq and Afghanistan: gender differences, combat exposure, and comparisons with previous cohorts of homeless veterans. *Administration and Policy Mental Health*, 40(5), 400-405. doi:10.1007/s10488-012-0431-y
- Tufford, L., & Newman, P. (2010). Bracketing in Qualitative Research. *Qualitative Social Work: Research and Practice*, 11(1), 80-96. doi:10.1177/1473325010368316
- Turner, R. H. (1978). The role and the person. *American Journal of Sociology*, 84, 1-23.
- Turner, V. (1987). Betwixt and between: The liminal period in rites of passage. In *The Forest of Symbols: Aspects of Ndembu Ritual*. (pp. 93-111). Ithaca, NY: Cornell University Press.
- van der Mark, L. B., van Wonderen, K. E., Mohrs, J., Bindels, P. J. E., Puhan, M. A., & ter Riet, G. (2012). The effect of two lottery-style incentives on response rates to postal questionnaires in a prospective cohort study in preschool children at high risk of asthma: A randomized trial. *BMC Medical Research Methodology*. doi:<http://www.biomedcentral.com/1471-2288/12/186>
- van der Noort, M., IJzelenberg, H., Droomers, M., & Proper, K. I. (2014). Health effects of employment: a systematic review of prospective studies. . *Occupational and Environmental Medicine*, 71(10), 730-736.
- Van Gennep, A. (1960). *The Rites of Passage*. Routledge and Kegan Paul, London.
- van Hoorn, L. A., Jones, N., Busuttil, W., Fear, N. T., Wessely, S., Hunt, E., & Greenberg, N. (2013). Iraq and Afghanistan veteran presentations to combat stress, since 2003. *Occupational Medicine (London)*, 63(3), 238-241. doi:10.1093/occmed/kqt017

- van Staden, L., Fear, N. T., Iversen, A. C., French, C. E., Dandeker, C., & Wessely, S. (2007). Transition Back into Civilian Life: A Study of Personnel Leaving the U.K. Armed Forces via "Military Prison". *Military Medicine*, 172(9), 925-930.
- van Stolk, C., Hofman, J., Hafner, M., & Janta, B. (2014). Psychological Wellbeing and Work: Improving Service Provision and Outcomes. *Rand Health Quarterly*, 4(1).
- van Vianen, A. E. M., Klehe, U.-C., Koen, J., & Dries, N. (2012). Career adapt-abilities scale — Netherlands form: Psychometric properties and relationships to ability, personality, and regulatory focus. *Journal of Vocational Behavior*, 80(3), 716-724. doi:10.1016/j.jvb.2012.01.002
- Visher, C., LaVigne, N., & Travis, J. (2004). *Returning Home: Understanding the Challenges of Prisoner Reentry. Maryland Pilot Study: Findings from Baltimore*. Washington DC:
- Vorhaus, J., Swain, J., Creese, B., Cara, O., & Litster, J. (2012). *Armed Forces Basic Skills Longitudinal Study*. Department for Business, Innovation and Skills: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/32285/12-886-armed-forces-basic-skills-executive-summary.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/32285/12-886-armed-forces-basic-skills-executive-summary.pdf): June 2016
- Walker, A., Storey, K. M., Costa, B. M., & Leung, R. K. (2015). Refinement and validation of the Work Readiness Scale for graduate nurses. *Nursing Outlook*, 63(6), 632-638.
- Walker, A., Yong, M., Pang, L., Fullarton, C., Costa, B., & Dunning, A. M. (2013). Work readiness of graduate health professionals. *Nurse Education Today*, 33(2), 116-122.
- Walker, D. I. (2013). Anticipating Army Exit: Identity Constructions of Final Year UK Career Soldiers. *Armed Forces & Society*, 39(2), 284-304.
- Ward, V. G., & Riddle, D. I. (2001). *Summary of research on the Employment Readiness Scale™*. <http://www.employmentreadiness.info/node/4>.
- Ward, V. G., & Riddle, D. I. (2014). *Weaving Soft Skills Development into Everyday Employment Services in Canada*.
- Ward, V. G., Riddle, D. I., & Lloyd, D. (2004). *Maximizing Employment Readiness*. British Columbia
- Watson, P. J., Booker, C. K., Moores, L., & Main, C. J. (2004). Returning the chronically unemployed with low back pain to employment. *Eur J Pain*, 8(4), 359-369. doi:10.1016/j.ejpain.2003.11.003
- Webb, W., M., Nasco, S. A., Riley, S., & Headrick, B. (1998). Athlete identity and reactions to retirement from sports. *Journal of Sport Behavior*, 21(3), 338-362.
- Weinstein, M. C., Torrance, G., & McGuire, A. (2009). QALYs: The Basics. *Value in Health*, 12(1). doi:1098-3015/09/S5
- Wellman, B., Yuk-lin Wong, R., Tindall, D., & Nazer, N. (1997). A decade of network change: turnover, persistence and stability in personal communities. *Social Networks*, 19(1), 27–50.
- Wesson, M., & Gould, M. (2010). Can a 'return-to-work' agenda fit within the theory and practice of CBT for depression and anxiety disorders? *The Cognitive Behaviour Therapist*, 3(01). doi:10.1017/s1754470x10000036
- WHO. (2003). WHO definition of health Geneva Retrieved from <http://www.who.int/about/definition/en/print.html>:
- Woodward, R., & Jenkins, N. K. (2011). Military identities in the situated accounts of British military personnel. *Sociology*, 45(2), 252-268.
- Yoshida, K. K. (1993). Reshaping of self: a pendular reconstruction of self and identity among adults with traumatic spinal cord injury. *Sociology of Health & Illness*, 15(2), 217-245.
- Zacher, H. (2014). Career adaptability predicts subjective career success above and beyond personality traits and core self-evaluations. *Journal of Vocational Behavior*, 84(1), 21-30. doi:10.1016/j.jvb.2013.10.002
- Zahra, D., Qureshi, A., Henley, W., Taylor, R., Quinn, C., Pooler, J., . . . Byng, R. (2014a). The work and social adjustment scale: reliability, sensitivity and value. *Int J Psychiatry Clin Pract*, 18(2), 131-138. doi:10.3109/13651501.2014.894072
- Zahra, D., Qureshi, A., Henley, W., Taylor, R., Quinn, C., Pooler, J., . . . Byng, R. (2014b). The work and social adjustment scale: reliability, sensitivity and value. *International Journal of Psychiatry and Clinical Practice*, 18(2), 131-138. doi:10.3109/13651501.2014.894072
- Zhou, W., Guan, Y., Xin, L., Mak, M. C. K., & Deng, Y. (2016). Career success criteria and locus of control as indicators of adaptive readiness in the career adaptation model. *Journal of Vocational Behavior*, 94, 124-130.

Zikic, J., & Klehe, U.-C. (2006). Job loss as a blessing in disguise: The role of career exploration and career planning in predicting reemployment quality. *Journal of Vocational Behavior*, 69(3), 391-409. doi:10.1016/j.jvb.2006.05.007



## APPENDIX 1. Occupational Identity Review

### 1.1. Systematic review included studies

Table 40: Summary of included studies in Systematic Review

Reference	Study focus	Study Design	Measures	Recruitment & Sampling	Participants (n)	Demographics	Discharge details (time as veteran; reason for leaving)	Quality appraisal score
Ahern et al. (2015)	General	Qualitative	Interviews	The study was advertised through organisations and events that served a wide array of veterans, with financial incentive.	24	Ages 22-55yrs (62.5% aged 25-34), 40% were white, and 70% were male. 16.7% Navy, 20.8% Marines, 8.3% Air Force, 8.3% Army Reserves, 8.3% Army National Guard, 4.2% Army Air Guard	75.3% discharged within previous 4 years. 20.5% >4 years previous, with 4.2% unknown/unreported.	76.67%
Brunger et al. (2013)	Employment	Qualitative	Interviews	Recruited through a supported housing project specifically for veterans.	11	Aged 19-63yrs. Serving 1-28 years (45% <4yrs service), 100% male, 100% NCO,	Not reported Reasons for leaving: 2 reached end of service, 2 AWOL, 4-person reasons, 2 medical reasons, 1 premature voluntary release.	83.33%
DiRamio et al. (2008)	Education	Qualitative	Interviews	Purposive & snowball sampling used. Students invited to participate on flyers and with the assistance of	25	6 females & 19 males. Aged 20-34yrs. 11 National Guard / reserve; 4 Army, 5 Marines, 3 Air	Not reported but deduced to be recent veterans due to serving between 2003-07 and the study being published in 2008.	83.33%

Reference	Study focus	Study Design	Measures	Recruitment & Sampling	Participants (n)	Demographics	Discharge details (time as veteran; reason for leaving)	Quality appraisal score
				personnel from student affairs offices such as financial aid and veterans' services offices.		Force; all served in Iraq/Afghanistan between 2003-2007		
Feinstein (2015)	Employment	Qualitative	Interviews & Observations	Through observations when hired as a Veteran Affairs volunteer, veterans were asked if they wished to participate in interviews.	45	Not reported	Not reported	76.67%
Hammond (2015)	Education	Qualitative	Interviews	Purposive and snowball sampling at 2 colleges. Then contact made by email and telephone.	19	Aged 22-49yrs (mean of 31); 2 females; 100% white	Not reported	86.67%
Haynie and Shepherd (2011)	Employment	Mixed Methods	Interviews, questionnaires, journal entries, correspondence with training staff / family members / caregivers / military commanders	Participants applied for and were selected to participate in a career retraining program in entrepreneurship. From those selected, researchers chose the study participants using theoretical sampling (participants with contrasting outcomes).	10	50% transitioned well; 100% male; mean age of 29.2yrs, 40% officers, 60% soldiers, mean years of service prior to trauma was 9.4yrs, 60% had college education.	Within 3 years of medical discharge	73.33%
Herman and Yarwood (2014)	General	Qualitative	Interviews	Not reported	27	22 Males & 5 Females; 16 Navy, 8 Army, 3 Air Force, service range 3 - 38yrs,	6 months - 30 years	46.67%

Reference	Study focus	Study Design	Measures	Recruitment & Sampling	Participants (n)	Demographics	Discharge details (time as veteran; reason for leaving)	Quality appraisal score
						100% self-identified as well transitioned. No other details reported		
Keonig et al. (2014)	General	Qualitative	Interviews	Purposively sampled veterans seen in medical centres at least twice within a 3-month period. Administrative data to find veterans with a positive screen for at least one mental health problem.	31	45.2% Aged 26-30yrs (median age of 30yrs); 45.2% female; 38.7% white, 22.6% multiracial, 19.3% Hispanic; 64.5% enlisted soldier, 35.5% Officer; 48.4% Army, 25.8% Navy, 16.1% Marines, 9.7% Air Force.	Within 2 years	83.33%
Kukla et al. (2015a)	Employment	Mixed Methods	Interviews & cross-sectional survey on background information, work history, facilitators and barriers to work success, and work experiences.	Purposive sampling of veterans from an outpatient mental health clinic with a serious mental illness, with/without employment	40	37 males; mean age of 50.6 (sd 12.1); 60% white, 35% African American, 5% mixed race. 40% married; 62.5% army, 27.5% marines, 12.5% navy, 5% air force, 5% national guard.	Not reported	73.33%
Kukla et al. (2015b)	Employment	Mixed Methods	Interviews & cross-sectional survey on background	Purposive sampling of veterans from an outpatient mental health clinic with a	40	21 combat veterans & 19 non-combat veterans. <u>COMBAT</u> - mean age of	Not reported	73.33%

Reference	Study focus	Study Design	Measures	Recruitment & Sampling	Participants (n)	Demographics	Discharge details (time as veteran; reason for leaving)	Quality appraisal score
			information, work history, facilitators and barriers to work success, and work experiences.	serious mental illness, with/without employment		52.2 (sd13.9), 84.2% male, 57.9% white, 42.1% African American, 78.9% unmarried, 42.1% some college, 36.8% high school, 21.1% >4yrs college. <u>NON-COMBAT</u> - mean age 49.2 (sd9.8), 81% male, 61.9% white, 28.6% African American, 57.1% married/with partner, 57.1% some college, 28.6% >4yrs college, 14.3% completed high school.		
Naphan et al. (2015)	Education	Qualitative	Interviews	Study introduced, and flyers distributed during meetings of the school's student veterans' organisation, Flyers left at the university's student veterans' services office.	11	9 of 11 combat experience. No other demographic details reported.	Not reported	76.67%
Olsen et al. (2014)	Education	Mixed Methods	Qualitative interviews with some quantitative questions	Email circular sent to University's Military Veterans of America contact list (~500)	10	7 males; 8 undergraduates, 2 graduates; mean age of	Prior to attending college, mean length of time as veteran was 43.5 months (SD=37.81).	70%

Reference	Study focus	Study Design	Measures	Recruitment & Sampling	Participants (n)	Demographics	Discharge details (time as veteran; reason for leaving)	Quality appraisal score
						30 (sd7.23); 4 Army, 2 Marines, 2 Navy, 2 Air Force; mean of 5.15yrs service (sd3.26); 7 with combat history; 8 Junior enlisted, 2 Officers; 5 in committed relationships; 5 employed	Mean college semesters completed at the time of the interviews was 3.7 (SD=2.26).	
Robertson et al. (2013)	Employment	Mixed Methods	2 unreported open ended, qualitative questions from a cross-sectional survey	Data used from a larger study Robertson 2010 (dissertation) – email circular sent to core members of Troops to Teachers organisation who pre-agree to research requests.	102	Mean age of 52yrs; 100% male. 84% white, 8% black, 6% American Indian or Alaskan Native, 3% multiracial. 94% married. Range of 4-36yrs in the military mean of 21yrs)	Mean of 31 months as a veteran prior to starting teaching career. Data collection time point in relation to teaching career not reported.	83.33%
Schermer (2014)	Education	Qualitative	Interviews	Snowball sampling methods along three lines (a) colleagues from three universities were contacted about student veterans in their programs; (b) counsellors at a state conference were informed	9	Aged 27-65yrs; 3 females; all males were in a combat role (2 were Active Guards, not possible to separate data from discharged participants)	Not reported	83.33%

Reference	Study focus	Study Design	Measures	Recruitment & Sampling	Participants (n)	Demographics	Discharge details (time as veteran; reason for leaving)	Quality appraisal score
				about the call for participants; and (c) participants were asked if they knew other mental health student veterans who would be willing to participate. Once identified, they were emailed about the study.				
Smith and True (2014)	General	Qualitative	Interviews	Unclear	26	77% aged 22-39, 23% aged 40+; 81% male; 14 white, 7 African American, 3 Asian, 1 Muslim, 1 Latino; 24 Marines/Army infantry; 14 receiving healthcare through Veteran Affairs	Veteran for >1yr for the majority (no % given)	46.67%
Tomar and Stoffel (2014)	Education	Qualitative	Photo-voice action research	Study advertised through flyers and emails, posted on campus with assistance from the on-campus Military Educational Benefit Office (MEBO).	2	MALE - 28yrs old, white, single, lived alone, with no children, age 22 when enlisted in Navy, served for 4 years + 1 year as a reserve, discharged 7 months. FEMALE - 28 yr old; white; married, 6-	Participant 1 - 7months as veteran Participant 2 - 2yrs as veteran	76.67%

Reference	Study focus	Study Design	Measures	Recruitment & Sampling	Participants (n)	Demographics	Discharge details (time as veteran; reason for leaving)	Quality appraisal score
						month-old child, age 17 when enlisted, served for 9 yrs, discharged 2 yrs.		

## 1.2. Systematic review conceptual categories

Table 41: Overview of studies in Systematic Review 1 in each conceptual category

References	Description of range of 2 <sup>nd</sup> Order constructs	3 <sup>rd</sup> order constructs / Conceptual categories
Ahern et al. (2015); Brunger et al. (2013); DiRamio et al. (2008); Haynie and Shepherd (2011); Keonig et al. (2014); Kukla et al. (2015a); Kukla et al. (2015b); Naphan et al. (2015); Olsen et al. (2014); Robertson and Brott (2013); Smith & True (2014); Tomar and Stoffel (2014)	Uncertainty in civilian world	Environmental / cultural compatibility
	Transferability of skills	
	Reverse shock	
	Preparation	
	Dissonance	
Ahern et al. (2015); Brunger et al. (2013); DiRamio et al. (2008); Feinstein (2015); Hammond (2015); Haynie and Shepherd (2011); Herman and Yarwood (2014); Keonig et al. (2014); Kukla et al. (2015a); Kukla et al. (2015b); Naphan et al. (2015); Olsen et al. (2014); Robertson and Brott (2013); Schermer (2014); Smith and True (2014); Tomar and Stoffel (2014)	Social & psychological distancing	Interpersonal compatibility
	Recognition & appreciation	
	Individual vs. collective	
	Transferability of attitudes, values, work ethic	
Brunger et al. (2013); DiRamio et al. (2008); Feinstein (2015); Hammond (2015); Haynie and Shepherd (2011); Herman and Yarwood (2014); Kukla et al. (2015b); Naphan et al. (2015); Schermer (2014); Smith & True (2014); Tomar and Stoffel (2014)	Recognition & acceptance of need for change	Intrapersonal
	Autonomy	
	Grief	
Ahern et al. (2015); Brunger et al. (2013); Hammond (2015); Haynie and Shepherd (2011); Kukla et al. (2015b); Robertson and Brott (2013); Tomar and Stoffel (2014)	Reminiscence	Reminiscence
	Denial	
	Perceived lack of future / options	
Brunger et al. (2013); Haynie and Shepherd (2011); Herman and Yarwood (2014); Keonig et al. (2014); Kukla et al. (2015a); Olsen et al. (2014); Robertson and Brott (2013); Schermer (2014)	Perspective	Push motivations
	Seeking consistency	
	Giving back	
	Past experiences	
	Discharge	



### 1.3. Systematic review first and second order constructs

Table 42: First and Second order constructs for Systematic Review 1

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Environmental / cultural compatibility		
Ahern et al. (2015)	Lack of transferability of skills & qualifications	<i>"You can drive an ambulance. . . [but] you can't treat anybody.' But I've done all these things. Look at my training certificate. 'Oh we don't honor that certificate.' That's really hard to deal with."</i>
Ahern et al. (2015)	Alienation upon return to civilian life	What used to feel 'normal' felt alien due to the changes in the veteran and changes at home.
Ahern et al. (2015)	Lack of meaning and purpose	<i>It's really hard to put in words but I just miss the environment. I miss the common goals. . . the way people put aside their own personal [agendas]. . . I used to run a lot and [the] feeling is just like that. . . 'yeah man, let's go do it!' I've never really gotten the same thing on the civilian side, even though I try and pour my heart into things.</i>
Ahern et al. (2015)	Lack of meaning and purpose – devalued	<i>"When I did start working at the surplus store. . . I had a very mixed feeling about it. . . I saw myself doing security [or] first aid, something that validated my experiences over there. But then after searching for a job for two months, I was grateful to have found one. So, it was such a mixed feeling and I guess a wake-up call, you know, that it just didn't matter that I had been to Iraq."</i>
Brunger et al. (2013)	Conditioned into being unable to cope outside of the military	<i>"Soldiers aren't very good at being people. Not overly. You find not many are. You know. . . they've been looked after very well. They don't know what it's like to pay a bill. To live. You know, like food bills, umm rent, gas, electricity. They don't have to do that, they've never have to do that"</i>
DiRamio et al. (2008)	Cultural adjustment	<i>"Right now, it's just getting back on track, staying focused. I came back in December, and then I started right back to school in January. That was kind of hard. I don't think I was as focused as I should have been"</i>
Haynie and Shepherd (2011)	Expectation & reality	<i>"Soul-searching moment of saying the world wasn't what I thought it was going to be."</i>
Haynie and Shepherd (2011)	Skill & competency linkages	Those transitioning well were able to create links between competencies of the past and those required by the present and future.
Haynie and Shepherd (2011)	Skill & competency linkages – thinking on abstract level	<i>"I wouldn't say there was anything specific on the surface [skills from the military useful for being an entrepreneur]. But stuff like resiliency and dealing with challenges and you know, things like that, which are—especially being an infantry Marine—those are things we dealt with every day"</i>
Haynie and Shepherd (2011)	Skill & competency linkages – no transference	<i>"I'm overwhelmed by what I don't know. The military didn't prepare me for this."</i>
Herman and Yarwood (2014)	Civilian world preparation	<i>"So being 41 going on 16 again; what's a mortgage? Where do I sign up? What do I do? What's benefits? What's tax credits? . . . Is that how much food costs? . . . I never really had to think about it before"</i>
Herman and Yarwood (2014)	Civilian skills	<i>". . . it was shocker the first time, my first day in a civvy job and the phone rang and my maiden name was W and"</i>

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
		<i>I answered it: “Wren W. Oh! Sorry, no, KW. Miss W.” And I kind of went: “How do I answer a phone?”</i>
Herman and Yarwood (2014)	Transferability of military approach to transition	<i>“I did say, the day I went outside, I said: right we are going to have to treat it like a deployment. It is a three-year transitional deployment . . . a difficult deployment. And that’s quite a good strategy, actually. It gives you some period to see a light at the end of the tunnel, you know, when you will be settled . . . Don’t expect everything to go well for three years . . . because you can get kicked in the teeth.”</i>
Keonig et al. (2014)	Occupational pace fostering connectedness & purpose	<i>“Boredom. You know, [during deployment] you function at such a high level of like, “What’s gonna happen? What’s gonna happen?” Even though we were totally burned [out] and exhausted from the amount of hours and time that we worked. . . But when I went back to my old job, working on the maternity floor, I found it hard to even like stay awake at work ((laughter)). I didn’t feel like I had any job satisfaction. I didn’t feel like we had any camaraderie.”</i>
Keonig et al. (2014)	Neutralising skills - Vigilance	<i>“Down stairs slammed the door one night, and I thought it was a bomb and I started looking for an IBA [Interceptor Body Armor], my weapon.”</i>
Kukla et al. (2015a)	Job preparedness - Transferability of skills	<i>“Some of it was lack of skills or, not lack of skills, but more uncertified. Like, I’m a skilled labor, but I’m not certified to do certain things.”</i>
Kukla et al. (2015a)	Skills – barriers & facilitators	Codes as both a facilitator (e.g., having learned special military and technical skills, leadership abilities) or a barrier (e.g., mismatch in military skills or expectations not fitting civilian jobs), although it was most often mentioned as a barrier.
Kukla et al. (2015a)	Job preparedness – resettlement	<i>“It just basically seemed like I was walking out of jail. And there was no training besides the training I learned from combat and, you know, how to be a leader and, but I mean, not civilian skills.”</i>
Kukla et al. (2015b)	Dissonance	<i>“I was kind of cocky about it when I got out, thinking all the experience I have, I have a good chance at getting a good job and this really backfired on me.”</i>
Kukla et al. (2015b)	Dissonance	<i>“Throughout my discharge from the Marines [it] has been hard for me to, to actually keep a job...at least during this time. I was thinking that it would be easy, but it wasn’t easy. It was actually harder for me as a Veteran for some reason during this time to find a job, and it seemed like my only place was in the blue collar field...most jobs were temporaries ....So I honestly believe during this time it was a factor of just me having a high school diploma wasn’t good enough and me serving for my country didn’t help any.”</i>
Kukla et al. (2015b)	Employment success – transferability of skills	<i>“Just the ability of what I learned in the military, how to relate to people, how to talk to people, how to be able to go into a hostile situation and assess it.”</i>
Kukla et al. (2015b)	Employment success – transferability of skills	<i>“I think a lot had to do with my training in the Marine Corps...really having developed a great deal of self-confidence. That plus my education, you know, four years of college I think combined really set a firm groundwork for building a successful career. And also, forming a competent individual—a self-confident and competent individual.”</i>
Kukla et al. (2015b)	Adjusting to cultural shift	<i>“Cause life is harder than combat. Combat, every day you either win or lose and if you lose you’re dead, you don’t worry about it. But if you win, you got the next day. And then when you come back here, sometimes there’s no light at the end of the tunnel....”</i>

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Kukla et al. (2015b)	Transferability of skills	<i>"Every job I've applied for, they say I don't have enough experience, even though I had the same experience in the military."</i>
Kukla et al. (2015b)	Transferability of skills	The reintegration period was described as one of exploration of work skills and career interests, during which time a number of Veterans chose to re-specialize and obtain a college degree in a new civilian field.
Kukla et al. (2015b)	Transferability of military culture	<i>"You need a work environment that relates to that or you're going to fail because when you get out, you're just shell shocked."</i>
Kukla et al. (2015b)	Lack of preparation	Veterans who perceived their separation from the military to be premature or under circumstances in which they felt ill prepared to move into the civilian world experienced greater difficulty with work reintegration;
Kukla et al. (2015b)	Transferability of military culture – adjustment	<i>"When you go to the civilian workplace, civilians take a lot of things for granted...they haven't had their life depend upon the simple things...I had some issues adjusting because the things I thought were important, everybody else was just like 'whatever, we'll get to it someday. It's not a big deal. I'm going home early.' And I thought, well, that's the wrong answer."</i>
Naphan et al. (2015)	Transferability - Military attitude	Participants felt they took college more seriously, treating it like a job, and only missing class if she was <i>"bleeding out of her eyeballs"</i> so as not to let down the American taxpayers who were funding her education.
Naphan et al. (2015)	Lack of clarity	<i>"There's a sense of clarity to life over there that you don't get in this world, and when you come back, and try to negotiate this terrain, and uh.... it doesn't make sense..."</i>
Naphan et al. (2015)	Transferability – military skills	Each member working on a task needs to be informed of operation details, meaning that they must be engaged. This readiness to be engaged seemed to translate well into the college classroom, an environment that also requires engagement for success.
Naphan et al. (2015)	Transferability of skills – Demoralised	The competencies recognized in the military are often considered insufficient by civilian institutional standards. When their accomplishments are not recognized in the civilian world, it can be deeply demoralizing.
Naphan et al. (2015)	Relinquishing combat skills	<i>"It's like being a sanctioned criminal. You know, pretty much. I know that sounds crazy but...if you did what we were trained to do, you'd be a criminal"</i> whereas in civilian life, <i>"things get real grey"</i> when stimuli associated with combat trigger inappropriate reactions.
Naphan et al. (2015)	Familiar structure	<i>"Coming back going to school really helped out, because like you have a set schedule, you know, you have classes that you have to go to...and like I had a work schedule and a school schedule...just having that structure or every day schedule really helps transition back into it."</i>
Olsen et al. (2014)	Military skills as civilian assets	<i>"The biggest (strength I have) is a sense of discipline... In the military...you finish tasks that are assigned to you and that helps with doing homework. I feel like I have to get homework done the same way."</i>
Olsen et al. (2014)	Cultural adjustment	In military circles, it may be appropriate to speak very directly and assertively to others, whereas that type of interaction could be perceived as rude or aggressive in college.
Robertson and Brott (2013)	Early preparation	For career transition success, participant comments included, <i>"do your research," "have a plan," "set a goal," "start early," and "don't wait"</i> .

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Robertson and Brott (2013)	Transferability of skills	<i>"Former military people are successful in career transitions because we are flexible, disciplined, mission oriented, and self-motivated. In a school setting former military stand out and are looked at as leaders who know what needs to be done."</i>
Robertson and Brott (2013)	Lack of preparation – military resettlement	<i>"Transition program offered by the military is close to worthless. The military does NOT provide you with enough mental or emotional preparation for transition to civilian life. The so-called transition team, designed to help prepare military members for transition to the civilian world, didn't have a clue!"</i>
Robertson and Brott (2013)	Transferability – Military approach to career transition	<i>"You must be willing to work hard, stay up late, or sacrifice social pleasure to achieve the most out of your opportunities. Accomplish the mission—stick with it!"</i>
Smith & True (2014)	Lack of perceived transferability	<i>"You have to start all over again..."</i>
Tomar and Stoffel (2014)	Environmental adjustment	<i>"I am not used to high ceilings. It's weird. . . . I am not used to going to huge lecture halls. It's kinda bothersome."</i>
Tomar and Stoffel (2014)	Time	<i>"Moving from [the] military to [the] civilian world was a great change of everything in my life. Now, after a year, I have less and less of a problem adapting to the change and can function in a civilian life without nervousness."</i>
Tomar and Stoffel (2014)	Reverse culture shock	<i>"In the first semester, I was stumbling through everything."</i>
<b>Interpersonal Compatibility</b>		
Ahern et al. (2015)	Psychological distancing	<i>"Only we now what we've been through"</i>
Ahern et al. (2015)	Support from a navigator	<i>"What's been helpful, really, is just friends [who] have gone out before me. They've been really helpful in telling me. . . what needs to be done after the military. They had nobody to really guide them, they had to find out the hard way."</i>
Ahern et al. (2015)	Alienation	<i>"I know I always offend people. And then I just say 'Oh, I'm sorry. It's only been 90 days. It's the crazy period.' And then I always calm down afterward."</i>
Ahern et al. (2015)	Social disconnection	<i>"Unwarranted assumptions" about people in the military and military service, asked insensitive questions about veterans' experiences in service (e.g., "did you kill anyone?"), or tried to connect veterans' experiences to their own in a way that was not seen as respectful.</i>
Ahern et al. (2015)	Frustration within civilian social network	<i>". . .there are certain expectations that you can rely on while you're over there, such as. . . [when] things need to be done, they're done, [because] your life depends upon it. Whereas here, there's a lot more leeway. And initially when I came back, I just couldn't deal with that gray area that's neither black nor white, and people talking back [and] making excuses. . . So I was pretty quick to get mad or frustrated."</i>
Brunger et al. (2013)	Insider/outsider divide	<i>"There was like Indians, Africans, English. . .like all the different types of English. . .so many different types of people in one place. I was just like "what the f***s going on here? "But now, now like the army's the only place where nothing matters, like you're all the same"</i>

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Brunger et al. (2013)	Distinctiveness	From being a “somebody to just a normal person on the street”
Brunger et al. (2013)	Loss of community and emotional security	<i>“I felt issues with anxiety when I first moved[back], which is understandable when you’re unemployed ‘cos you don’t deal with people on a day-to-day basis. Coz when you’re in the army you’re around people all the time so it’s normal and you don’t feel. . . it’s just normal. So from going from eating with like over 2000 people every morning to coming here where there’s no-one. . .”</i>
Brunger et al. (2013)	Communication barriers	<i>“In the civilian world you can’t – you have to watch what you say and how you say it. Be careful who you say it to. Otherwise you get into so much trouble. . . I wouldn’t say it’s a language barrier but a communication barrier that you come across. ‘Cos even when you’re working, you try and have a laugh and a joke while you work – nobody’s interested!”</i>
Brunger et al. (2013)	Adjusting to misalignment in attitudinal beliefs and perceptions towards the military	<i>“You know I’m a soldier. I fought for ya. You know? Talk to me properly”</i>
Brunger et al. (2013)	Individual vs. collective purpose	<i>“You don’t get that camaraderie in Civvy Street. It’s everyone out for themselves. . . no it’s not the same, because they’ve got different things to worry about”</i>
DiRamio et al. (2008)	Maturity differences	Most [students] kind of whine over nothing. They don’t really know what it is to have a hard time . . .
DiRamio et al. (2008)	Seeking peer connection	<i>“I embraced [Greek life] simply because I didn’t have anybody up here at the time. I tried it out, and those guys [fraternity brothers] found out about my situation and they embraced me”</i>
DiRamio et al. (2008)	Blending in	<i>“I actually don’t really like to stand out too much. I’m growing my hair out more . . . I don’t like to give the jarhead appearance, because I am in college here and I want to be a college student”</i>
DiRamio et al. (2008)	Civilian insensitivity	<i>“They always end up asking me whether I killed somebody over there or not. That’s a question I don’t like people asking me”</i>
DiRamio et al. (2008)	Violation of desired anonymity	<i>“I had a professor in journalism class. He kept pushing me for information and some sort of insight as to my experiences in the military and he was just annoying. I just wanted him to shut up because that was gone and that’s a different life. For me that was really annoying. I just, I kind of got to the point of dreading going to that class.”</i>
DiRamio et al. (2008)	Lack of understanding	<i>“I was taking a sociology class this summer where he [the professor] basically referred to the American soldier as a terrorist. Those were his own words.”</i>
DiRamio et al. (2008)	Recognition and appreciation	<i>“I think the faculty needs to know who we are. They need to know who we are. . . .”</i>
Feinstein (2015)	Social interaction - Awareness of symbolic resources at their disposal	<i>“Yeah, do the show. Tell them that we are veterans, do the show!”</i>
Feinstein (2015)	Combat hero narrative	Norman, who had met me only a few minutes earlier, treated me as a complete stranger, and therefore presented himself through the combat hero framework and drew a connection to social rights.

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Feinstein (2015)	Information control – to manage impression of others and avoid stigmatisation	<i>"I'd be honest, [I say] 'I work in a therapy program for veterans in rehab', but what I don't say is that I'm myself in the program. I say that I work in the therapy rehabilitation program for veterans, which is true, I'm not really lying, I just don't tell them that I'm enrolled in this program myself. That's what I don't tell . . . They might think that I am a rehab specialist. If that's what they want to think, it's up to them, but I don't volunteer that information, and I don't say that I'm not a rehab specialist, which I'm not. They might look at my resume, my resume is honest, so if they assume [that I am a rehab specialist] that's fine."</i>
Feinstein (2015)	Narrative clashes – combat hero vs. ordinary mental health patient	Eric, who often served as the main messenger of the formal combat hero narrative in interactions with customers and donors, excitedly told the newcomers some war stories, but when one of the guys suggested that Eric's mental health problems were a result of his experiences in Vietnam, Eric immediately denied it, announcing that <i>"it didn't happen because of the war but because of the drugs."</i> The narrative of a combat hero experiencing combat related problems ( <i>presented to strangers</i> ) threatened the coherence of the message Eric sought to communicate as a mentor ( <i>to other veterans</i> ): the narrative of a drug abuser experiencing mental deterioration.
Feinstein (2015)	Split interactions	When playing the role of salesmen and representatives of the garden and the VA in interactions with donors and customers, subjects adopted the status of national heroes by implying that they suffered from combat-related posttraumatic disorders. In contrast, when subjects interacted with their fellow patients / workers, they stressed themes of poverty, life crises, substance abuse, mental illness, and efforts to receive better services and compensation from the VA.
Hammond (2015)	Connection to other veterans	<i>"If I know you're a veteran, and you know I'm a veteran, we'll kind of keep an eye on each other [on campus], even if we don't ever talk to each other, you still keep an eye out for each other. You always look out for them even if you kind of stay three steps away."</i>
Hammond (2015)	Social filters to avoid uncomfortable situations	<i>"I don't wanna upset anybody. So that, you do put a wall up. I'm just gonna say, mind my own business, learn what I can. Keep a smile on my face."</i>
Hammond (2015)	Public misconceptions	<i>"Have I killed people? Yeah, you're damn right I have. But yeah, you didn't learn about the school I built–helped build. The soccer field we made for the kids."</i>
Hammond (2015)	Self-segregation	<i>"So, students perceive us all different ways. Like, I've been told that oh, you're probably a baby-killer and this and that. There are people that judge you automatically when they find out that you're in the military. So what do we do? We just take ourselves out of the equation."</i>
Hammond (2015)	Perception of others - Attitudinal differences	<i>"I say kids, these young adults text messaging or having a side bar conversation while the professor is speaking, which is of course you know the decorum of ethics and etiquette in the classroom. And it frustrates me as a military guy. They need discipline in the room"</i>
Hammond (2015)	Non-veteran student frustration	<i>"It really takes away from the educational experience for me. I look at them, and I'm like I earned the right to be here. I fought to be here and it's so clear you don't want to be here. You're in school, and it's a privilege. Don't squander it. Don't sit there and waste my time. I paid with blood, sweat, and tears for my time here."</i>

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Haynie and Shepherd (2011)	Seeking a military social network	Many participants made reference to seeking support from other veterans
Haynie and Shepherd (2011)	Social support	<i>"I had someone to share my feelings with and someone who actually cared. Someone to be there for me, to hold my hand. . . ."</i>
Herman and Yarwood (2014)	Lack of social support	<i>"The day that you stop being invited to wear that uniform, you also lose that support network"</i>
Herman and Yarwood (2014)	Lack of sense of belonging	<i>"You do have that sense of loss when you leave because you think 'Oh, you're not belonging to anything' . . ."</i>  <i>"Nobody in three years has come close to the sort of relationship you make in the Services."</i>
Herman and Yarwood (2014)	Recognition & appreciation	<i>"A veteran's card" would identify ex-service personnel in everyday civilian places, and often noted with approval the US system's more celebratory attitude towards veterans.</i>
Herman and Yarwood (2014)	Pride & segregation	<i>"We don't look at anyone else, anyone out of that circle. We won't talk to them . . . It's a membership of the green lid, you know. And that's marines and us . . . it's a closed shop. I think the biggest thing I've kind of learned from being out is the arrogance of my guys. I'll say my guys, my regiment, if you like."</i>
Keonig et al. (2014)	Social isolation	Serving one or more deployments physically separates service members from their close social networks and creates psychological distance from home.
Keonig et al. (2014)	Social engagement	<i>"Even if you don't feel like it, force yourself to go back and get involved with your normal life. Do the things you used to enjoy doing, and see people you used to associate with. If you're religious, definitely make sure you go to church."</i>
Kukla et al (2015a)	Social support	Having a strong support system (e.g. spouse, family) and drawing upon personal and professional network was cited as a facilitator to finding and keeping jobs.
Kukla et al (2015b)	Employer understanding	<i>"They don't have a clue what Veterans want or need, even though they're very competent in many areas. And sometimes they're bean counters and all they care about is the numbers...that's more important than the people to some supervisors and that makes it very difficult to have a feeling of teamwork or camaraderie and it's very divisive."</i>
Kukla et al (2015b)	Strained civilian interactions	<i>"Some of them don't have an idea and so some of the things that they say are like, what are you thinking? Why would you say something like that? ...just off the wall crap...but I guess civilians, that's just their camaraderie."</i>
Kukla et al (2015b)	Work integration - Lack of recognition of need for adjustment	<i>"I just could not tolerate working for somebody who was inefficient and disorganized.... And I'd just get mad and quit and so I probably had twelve or fifteen jobs...max time there was three to six months."</i>
Naphan et al. (2015)	Disgusted - non-veteran student behaviour	Students behaved disrespectfully of others without awareness of their surroundings.
Naphan et al. (2015)	Combat experience influences civilian social integration	The greater the social cohesion they felt while in the military, the more difficult was their transition into civilian life. While student veterans in non-combat positions felt different from their younger civilian peers owing to their life experiences, they did not express the same feelings of disconnection, and appeared to have much smoother transitions from the military to higher education.

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Naphan et al. (2015)	Alone	<i>"You come back here and there's...everybody else is sort of...they're ambiguous. You don't really know where they stand, you don't really know what they believe...you don't really know what they've been through. When you get out it, it's a big shock being on your own all of a sudden."</i>
Naphan et al. (2015)		<i>"I definitely feel different from people 'cause most people haven't been shot at like eighty times and been blown up more than once, or seen car bombs go off. Most people...they don't know what it's like to be around stuff like that. It makes you feel a little different. It was kind of hard making new friends."</i>
Olsen et al. (2014)	Social interaction	<i>"I learned how to interact with people. [I] know how to work with people...how to be on a team and lead a team...I have self-confidence."</i>
Olsen et al. (2014)	Isolation	<i>"You're used to a tight knit community, but here it's like you're an island...I miss that camaraderie."</i>
Olsen et al. (2014)	Lack of understanding & isolation	<i>"I would love to talk to people sometime, people who understand what I've been through. So many people feel isolated and alone."</i>
Olsen et al. (2014)	Attitudinal and maturity differences	The complaints of some students seemed "trivial" after enduring the discomforts that he had in the military.
Robertson and Brott (2013)	Civilian employee perceptions	Participants felt their confidence and professionalism may be seen as a threat to other employees.
Schermer (2014)	Wider perspective	<i>"I felt that whenever they [professors] spoke of things like diversity, that they really had very little life experience about what it is."</i>
Schermer (2014)	Wider perspective	<i>"I think people just didn't understand that there is more to life than worrying about a paper or completing an assignment."</i>
Schermer (2014)	Frustration and anger	<i>"I could be extremely irritated by the student schlepping in 20 minutes late. I've talked to some of the Veterans and they've said they wanted to slap that dumbass."</i>
Schermer (2014)	Social integration – life experience barriers	<i>"Sometimes it's hard to make friends in class and my role is like this mom figure. Some students come up to me in class and ask how I did certain things. I take on this role rather than friends."</i>
Schermer (2014)	Social integration - Shared connections	<i>Veterans "speak the same language"</i>
Schermer (2014)	Political divisions	Sought out "a-political types" in order to make friends on campus.
Smith and True (2014)	Marginalisation	<i>"I'm pretty sure I'm here alone, an alien."</i>
Smith and True (2014)	Collectivism	<i>"Then you get out of the military and you try to integrate back—you do integrate back into the civilian world, but you quickly realize that nobody else is thinking that way, nobody else is thinking that everything they do is for a team. It is just for them."</i>
Smith and True (2014)	Recognition & appreciation	The commendation of medals; however, these symbols are recognized only as far as the military culture extends. In the eyes of the average civilian, such awards usually mean very little, if anything at all.
Smith and True (2014)	Civilian and self-perception incongruence	<i>"I can't be weak around them, you know, 'cause they all look at me as like some kind of like superman, you know. ... They just see me as like this strong person that's made it through so much."</i>



Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Tomar and Stoffel (2014)	Information control	<i>"We want to keep it a secret. We like to reveal certain things at certain times.... We don't want everyone to know about [our service], so it's kinda like, keep it quiet, and don't discuss, and just go on with your life."</i>
Tomar and Stoffel (2014)	Perspective differences	<i>"Here [the school environment], it's like everyone's freaking about finals. But from my point of view, it's not that stressful as I'm used to. There's, like, less stress . . . here [than] there was in the military 'cause qualifying for submarines is [a] lot harder than studying for the school here."</i>
Tomar and Stoffel (2014)	Civilian interaction difficulties	<i>"Now our military is gonna be stupider than they are," and I was, like, "I am a master's student in the same program as you. Don't call our military stupid." So the ignorance of people has been part of my experience. But also, on the flip side, people . . . admire my service, and people ask for my perspective. So, you know, there are people who are sensitive and some not so sensitive."</i>
Tomar and Stoffel (2014)	Social support	<i>"I think student veteran organizations are severely needed on every campus because . . . they will understand [veterans'] losses."</i>
Tomar and Stoffel (2014)	Belonging	<i>"It's not the challenges associated with school that turn [student veterans] away. I believe they don't feel like they belong."</i>
Tomar and Stoffel (2014)	Social support - Lack of understanding	<i>"Professors and teachers need to become more understanding of veterans' culture and their past experiences. . . . There is . . . need for a community [and] understanding out there."</i>
<b>Intrapersonal</b>		
Brunger et al. (2013)	Lack of mentality adjustment	<i>"Still a soldier. Always will be. You know what I mean? You never ever leave it."</i>
DiRamio et al. (2008)	Carrying resentment	<i>"When I left I was a lot more interpersonal. Apparently I've got this mean, scowling look all the time where I frighten certain people away."</i>
Feinstein (2015)	Pride – deserving of extra respect	<i>"Veterans don't lie"</i>
Hammond (2015)	Perception of self – deeply different to others	<i>"Yeah, that's—I mean, I've grown up because of it. That's who you are. It's in my cells. Yeah, you know, it becomes a part of you. And just in life, not just with school. In life in general, you just got a certain glare to yourself, you know?"</i>
Hammond (2015)	Perception of self – core identity	<i>"First and foremost, I am a veteran." Andrew said, "I mean how does it leave you? It's who you are; it's who you become." Master Sergeant said, "I'm very proud and was honored to serve. It's extremely a very intricate part of who I am today—how I see the world, how I carry myself, what I represent, what I did for this country."</i>
Haynie and Shepherd (2011)	Reconstructing a concept of self	<i>"I was unhappy with where I was at, and I knew I was going to do the stuff that I needed to get to where I wanted to go, so I started making changes. . . ."</i>
Haynie and Shepherd (2011)	Lack of acceptance	Participants focused a significant amount of their energy and attention on attributing blame to others for their situations.
Haynie and Shepherd (2011)	Lack of acceptance	<i>"What now if not the Marines?"</i>
Haynie and Shepherd (2011)	Life control	Participants who did not transition well, felt their future was determined by their past, with insurmountable obstacles ahead.

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Haynie and Shepherd (2011)	Acceptance – formulating coherent narratives of past for solid foundations for future career narrative	<i>"A lot of it was just looking inside myself and thinking through everything and facing it internally. . . . My way to come to terms with it was to sit down and say this is what happened and why."</i>
Herman and Yarwood (2014)	Internal grounding	Identity in a particular trade (chaplain, air traffic controller and survival technician respectively) provided a fixed point in an otherwise changing landscape.
Herman and Yarwood (2014)	Loss of self	<i>"...leaving the navy is a bit like, you know, losing your parents. . . sort of a traumatic moment in your life. It's a bit like bereavement. . ."</i>
Herman and Yarwood (2014)	Engrained sense of self	<i>"I think once you are a serviceman, you are always a serviceman really. You don't really change. You are a serviceman in a civilian environment."</i>
Herman and Yarwood (2014)	Acceptance	<i>"I don't actually consider that I am on the other side of the fence. I don't actually like being called a civilian. Because I never have been."</i>
Herman and Yarwood (2014)	Acceptance	<i>"...and the big wrench of course. . .is I was no longer somebody."</i>
Herman and Yarwood (2014)	Lack of acceptance & recognitions	<i>"Some people, when they're coming out of the forces, bury their head in the sand. They've been in so long and they're so instituted that it's like it's not going to happen. And they always have to be told, like, 'you know you're going out in 6 months, don't you?' . . . And they ignore it. . . they just can't quite get their head around the idea. . ."</i>
Herman and Yarwood (2014)	Lack of acceptance & recognitions	<i>"... the job was effectively a military job in civilian clothes, just being sold back, my expertise being sold back to the military."</i>
Herman and Yarwood (2014)	Letting go	<i>"So goodbye and thank you. So I don't go back and think I miss that.. because I don't. And I've got a new job, new group of friends and I got my family . . . "Thank you very much. That's been great. And now I'm going on my next stage of life and that's my decision"</i>
Herman and Yarwood (2014)	Psychological preparation – shock	<i>"You walk out and that's it. The gate's shut behind you and you look back and that's it. That part of your life's all over. There's no going back."</i>
Kukla et al. (2015b)	Transferability – starting over as only perceived option	<i>"I was medically discharged, so I had a lot of instability with myself knowing that I don't have a career now since I'm injured and, and now I have to start over, like, what do I do? Where do I go? Being a disabled Veteran seemed like it was a disabled disadvantage."</i>
Kukla et al. (2015b)	Occupational rigidity – Military long been a part of how they define themselves	<i>"I was born to be a Marine. I was born to be in law enforcement. I was born to be a bodyguard, high risk security agent. I love that stuff."</i>
Kukla et al. (2015b)	Past and present integration	Ability to integrate military history into their self-concept and form a coherent sense of self during the reintegration period when their civilian work also contributed to a benevolent cause, oftentimes helping other Veterans.
Naphan et al. (2015)	Release anxiety	<i>"...feels like a big part of you is missing, you know. 'Cause it's like it's not just part of your life; it's who you are. It's not just your occupation."</i>
Schermer (2014)	Coursework facilitating	<i>"As far as really beginning to understand myself, we did a lot about self-care [in class] and really paying</i>

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
	psychological transition	<i>attention to how we are feeling. That's when a lot of my own personal reflection started."</i>
Smith & True (2014)	Lack of direction	<i>"I'm having a tough time deciding what to do in life, what I want to be."</i>
Tomar and Stoffel (2014)	Internal conflict – future	<i>"I still desire to go [to] sea all the time. I want to be out there with them. It's kinda like a conflict; I want to continue my schooling, but at the same time I want to go back to the military."</i>
Tomar and Stoffel (2014)	Internal conflict – recognition & support	<i>"We [student veterans] don't wanna be recognized, but at the same time you need a little help, but you don't wanna, like, stand out."</i>
Tomar and Stoffel (2014)	Transferability of skills - Loss of self	They had learned various skills during their military training that later became part of their identity. Many of those skills, however, they seldom used during student life, an experience that resulted in a perceived loss of identity.
<b>Reminiscence</b>		
Ahern et al. (2015)	Living in the past - Unwillingness to accept change	<i>"They want that structured life again because. . . you get used to it if you do it long enough. And then you get out, then all of a sudden you've got to take care of yourself."</i>
Brunger et al. (2013)	Attempts to collectively cope	<i>"There's one pub that mainly ex-soldiers go in. . . they're reliving their past and they're trying to – which they're never gonna get – trying to get that buzz, and that excitement they had when they were altogether"</i>
Hammond (2015)	Psychological adjustments	<i>"During class you're in 2,000 different places. You're still trying to listen to what they're saying and comprehend it, but you're also making sure that nobody around you is gonna do anything goofy."</i>
Haynie and Shepherd (2011)	Denial and Perceived lack of future / options	<i>"I've tried to reenlist and get things back on track, back to where I was, and they say I'm not qualified [because of my disability]. That just kills me. I mean, I am highly skilled, highly trained, went to every advanced school possible, promoted early, everything, and now because of what I went through to serve my country, I can't be that guy anymore? It just can't be like that."</i>
Kukla et al. (2015b)	Past sense of purpose	<i>"The last time I felt successful was on a deployment to Iraq. I feel like I saved some lives and made a positive difference. One of my mottos was to take over boys and bring them back men. And I tried to change lives, and a lot of people said I did."</i>
Robertson and Brott (2013)	Pride and longing	<i>"After 20 years in the Marines I spent another 7 years searching for a job that would give me as much personal satisfaction. I found that job in teaching. Granted, nothing will come close to the meaning and satisfaction derived from service in the Marines, and I will never establish friendships that were created while in the Corps, but teaching comes closest."</i>
Tomar and Stoffel (2014)	Longing for the past	<i>"Everyone expects you to be overjoyed when you are back. . . . You get off the plane, and everybody there is . . . so happy to see you, and you are just, like, "Put me back into the plane and send me back." I still have those times when I wish I was in Iraq."</i>
<b>Push/Pull Motivations</b>		
Brunger et al. (2013)	Seeking persistent sameness	<i>"I mean you tend to do the same things, when I came out I ended up as one a security guard, which a lot of army end up, so you're in a way going back to uniform if you know what I mean, and I also did part-time fireman. Back to uniform and that discipline"</i>

Reference	2 <sup>nd</sup> Order construct	1 <sup>st</sup> Order constructs – views of study participants
Brunger et al. (2013)	Putting forces training to future use	<i>"I'm literally set on becoming a PTI and getting my head in the books. Personal Training Instructor. It's NVQ level 2 and 3 so...you're qualified to do any sort of exercise or guidance or information about it – everything concerning the body and fitness and stuff"</i>
Haynie and Shepherd (2011)	Need for career related autonomy as a barrier for future career options	<i>"Never again, never will I put myself in a position where my future and my family's future are in the hands of someone else. No way."</i>
Haynie and Shepherd (2011)	Need for career related autonomy as a barrier for future career options	<i>Following orders almost got him killed: "I was almost close to death. I mean, [and] I was following orders; I was doing what I was told. And [now] I don't like not being in control."</i>
Haynie and Shepherd (2011)	Finding positive in the negative	<i>"You know what? All that s**t that happened to me I would never take it back; I would never trade it. Not that I could go through it again, but I am what I am today because of the things that happened before"</i>
Herman and Yarwood (2014)	Disempowering effect of lack of capability to choose	<i>"I was desperate to stay. . .some people are equivocal about it and other people really do not want to leave and I was one of those. So yes that does, that did affect the whole psychology of it...but it is a traumatic experience. It is bereavement..."</i>
Keonig et al. (2014)	Dealing with the negative	<i>"Talk to hygiene [mental health], without a doubt. Sit down and unload. Just go through every bad thing that happened, get it out, talk to someone. You've got to verbalize it to acknowledge it. Don't be afraid to confront it. You've got to deal with this shit, or it's going to bury you eventually."</i>
Kukla et al (2015a)	Giving back	<i>"I had a different insight than a lot of the people who worked there. There were no veterans. I was the only veteran to graduate from (College) in this class... I helped establish a lot of programs that are beneficial for veterans who are trying to matriculate into college and get that transition period together. I helped a lot with that. And that's something I am proud of."</i>
Kukla et al (2015a)	Work Success	<i>Personal motivations and self-confidence in ability to perform new job, were the most facilitators to work success. These factors were discussed as facilitators in the employed group and barriers in the unemployed group.</i>
Olsen et al. (2014)	Motivation for success	<i>"Losing my brother [in combat] helped put things into perspective for me and motivated me to make something of myself and reach my full potential. So many people want to be [in college], to have the opportunity to do this...I want to make the most of these opportunities for that reason."</i>
Olsen et al. (2014)	Perspective	<i>"There's nothing here I can't do after my accomplishments in the military."</i>
Robertson and Brott (2013)	Transferability of purpose	<i>"I have always thought that the most important aspect of my life satisfaction was that I do something important to the country, society, and the planet. Military service did that. So does my teaching career."</i>
Schermer (2014)	Impact of shared connection	<i>"I would like to work with Veterans. I think even that as much I want to give other Veterans they give something back to me too because they understand."</i>
Schermer (2014)	Giving back	<i>"Having served, I then want to turn around and serve others; it seems like the right place."</i>
Schermer (2014)	Using acquired skills for career success	<i>"Counselors can be cowards sometimes. I run towards trouble. Counselors should run towards crises. "Knowing myself and knowing that I'm pretty comfortable in stressful situations is to my advantage."</i>

## APPENDIX 2. Work Readiness review

### 2.1. Systematic review included studies

Table 43: Overview of included studies

Reference	Country	Overall Study Aim	Design	Participants	Occupational group	Relevant Outcome measures	Definition of WR	Relevant findings
Adams and Williams (2003)	UK	To identify characteristics and beliefs contributing to return to work or non-return.	Cross-sectional (interview questionnaire conducted at one time point). Pre- & post-treatment data used from clinic, collected routinely.	N = 103 Chronic upper limb ex-patients who had completed treatment at a major pain management unit	Chronic pain patients	Structured interview (open & closed questions); Coping Strategies Questionnaire; Pain Self-Efficacy Questionnaire	No	Work-related self-efficacy was significantly associated with the perception that working with chronic pain was possible in those who could RTW after the onset of pain compared to those who did not return to work ( $r=0.413$ , $p<0.0005$ ).
Braathen et al. (2014)	Norway	To investigate the associations between the Norwegian version of the Readiness for return to work scale and future work participation among persons in inpatient occupational rehabilitation.	Prospective Cohort	N = 179 Adults aged 18-67yrs with reduced ability in an occupational rehabilitation programme. Reduced work ability could be due to musculoskeletal disorders, mental or behavioural disorders, excessive fatigue, burnout syndrome or other disorders. Unemployed or long-term sick.	Adults in an occupational rehabilitation programme for physical & mental health problems.	Readiness for Return To Work Scale; Subjective Health Complaints Inventory; sick days; work days	No	Perceived inability to work was significantly associated with later unemployment ( $\beta=-0.45$ , $p<0.01$ ; adjusted $\beta=-0.24$ , $p<0.05$ ).
Cave et al. (2009)	UK	To determine factors associated with preparedness.	Cross-sectional	N = 5143 Newly qualified doctors.	Medical students	Study specific questionnaire on work preparedness	No	Shadowing placements in students preparing to return to professional work was also found to increase preparedness ( $X^2=4.0$ , $p=0.05$ ).

Reference	Country	Overall Study Aim	Design	Participants	Occupational group	Relevant Outcome measures	Definition of WR	Relevant findings
								<p>Problem-based learning courses and training that accurately reflected the intended job/role increased preparedness for gaining employment (<math>X^2=5.0</math>, <math>p&lt;0.05</math>; <math>\rho=0.12</math>, <math>p&lt;0.001</math>).</p> <p>Low but significant associations found between personality domains and WR. Agreeableness (<math>r=0.06</math>, <math>p&lt;0.01</math>), conscientiousness (<math>r=0.14</math>, <math>p&lt;0.001</math>) and extraversion (<math>r=0.15</math>, <math>p&lt;0.001</math>) were positively related to WR. Neuroticism was negatively related to WR (<math>r=-0.16</math>, <math>p&lt;0.001</math>), while no significant relationship was found between openness and WR.</p>
Gati et al. (2011)	Israel	To investigate the emotional and personality-related aspects of career decision-making difficulties.	Cross-sectional	N = 1389 (197 university students; 691 adults using a career self-help website; 286 general population adults)	University students	Locus of Control Questionnaire; Career Development Self-Efficacy Scale; Multidimensional Perfectionism Scale; Need for Cognitive Closure Questionnaire; Emotional and Personality Career Difficulties scale; NEO Personality Inventory Revised; Career Decision Self-Efficacy Scale; Range of Considered Alternatives Measure	No	Higher levels of emotional and personality-related career decision-making difficulties correlated with higher levels of neuroticism ( $r=0.60$ , $p<0.001$ ), agreeableness ( $r=0.20$ , $p<0.01$ ), perfectionism, and cognitive closure ( $r=0.45$ , $p<0.001$ ), and lower levels of extraversion ( $r=-0.29$ , $p<0.001$ ), locus of control ( $r=-0.35$ , $p<0.001$ ) and career decision self-efficacy ( $r=-0.54$ , $p<0.001$ ).
Gati et al. (2013)	Israel	To map career decision-making difficulties and career decision self-efficacy	Pre- and post-test comparison	N = 1315 Military personnel transitioning to civilian life after conscription service	Veterans	Career Decision-making Difficulties Questionnaire; Self-reported severity of career decision-making difficulties; Career decision self-efficacy scale; Range of	No	The level and detail of information provided on transition, predicted career decision-making self-efficacy ( $F [1, 1300] = 213.47$ , $p<0.001$ , Adjusted $R^2=0.14$ ; $\beta=-0.38$ , $t [1300] = -14.61$ , $p<0.001$ ), and that the workshop improved career decision-making

Reference	Country	Overall Study Aim	Design	Participants	Occupational group	Relevant Outcome measures	Definition of WR	Relevant findings
						considered alternatives		difficulties through increased knowledge and information ( $d=0.57$ ).  However, this had not improved readiness measured by gainful employment. This suggests that readiness may be influenced by other factors than information and decision-making skills.
Guan et al. (2013)	China & UK	To examine the role of career adaptability in the job search process	Three wave survey design	Time 1: $n = 971$ ; Time 2: $n = 503$ ; Time 3: $N = 270$ University graduates; mean age of 23.50yrs ( $sd = 1.43$ )	University students	Career Adapt-Abilities Scale; Job search self-efficacy; employment status; person-organisation fit scale	Yes	Career adaptabilities (internal career resources; concern; control; curiosity and confidence) were positively associated with later employment status ( $\gamma=0.80$ , $p<0.01$ ), but became non-significant when adjusted for job search self-efficacy ( $\gamma=0.61$ , $p<0.01$ ), suggesting a mediating effect.  Among the four dimensions, career concern and career control significantly predicted job search self-efficacy ( $\beta=0.25$ , $p<0.01$ ; $\beta=0.37$ , $p<0.001$ respectively) and concern predicted employment status ( $\gamma=0.89$ , $p<0.01$ ), while confidence and curiosity did not.
Hirschi and Herrmann (2013)	Switzerland	To explore the role of career calling in career preparation	Three wave survey design	Group 1: $N = 1207$ completing all 3 waves. Group 2: $N = 700$ , completing the final 2 waves University students in Germany	University students	Brief Calling Scale; Career Planning Scale; Vocational Identity Scale; Occupational Self-efficacy Scale	No	Work-related self-efficacy was increased in the presence of a 'calling' (strong desire for a particular profession). <i>Although no employment outcomes were measured to externally validate this.</i>
Jaensch et al. (2016)	Switzerland	To explore the relationships of interest characteristics with several indicators of career preparedness	Cross-sectional	$N = 239$ University students (mean = 24.06 yrs, $sd = 3.57$ )	University students	General Interest-Structure-Inventory – Revised Version; Career Planning Scale – German; My Vocational Identity Scale;	Yes	Various aspects of career decision-making and career development (vocational interests) were assessed and found that interest differentiation was significantly related to career decidedness ( $r=0.17$ , $p<0.101$ ); is one aspect of career preparation.

Reference	Country	Overall Study Aim	Design	Participants	Occupational group	Relevant Outcome measures	Definition of WR	Relevant findings
						Occupational self-efficacy beliefs Scale; Career Engagement Scale		Work-related self-efficacy was positively related to interest elevation (openness and flexibility in interests; $\beta=0.23$ , $p<0.01$ ).
Lam et al. (2010)	USA	To assess readiness to return to work from a stages of change perspective	Cross-sectional	N = 149 Adult welfare recipients from a work training program; mean age pf 32.12yrs	Adult welfare recipients	Lam Assessment on Stages of Employment Readiness (unpublished)	No	Significant difference between those who were in employment for 90 days or more at six-month follow-up post-RTW intervention and those who were not ( $X^2(2, 149) = 13.05$ , $p<0.001$ ).  25% were pre-contemplative immediately after RTW intervention, 38% were considered ambivalent (scoring equally across pre-contemplation/contemplation/action), and 56.3% of individuals considered 'ready' were in employment for 90 days or more at six-months follow-up.
Li et al. (2006)	China	To investigate the effects of a three-week training program on work readiness designed for musculoskeletal injuries	Randomised Controlled Trial	N = 64 Adults aged 20-59yrs Work-related injury 'Sick listed' for 6 months or more	Adults with work-related injuries, non-specific occupations	Chinese Lam Assessment on Stages of Employment Readiness (unpublished); Chinese State Trait and Anxiety Inventory; Loma Linda University Medical Centre Activity Sort; Spinal Function Sort; Short form health survey (SF-36).	No	Those in the intervention training group showed significant improvement in their work readiness ( $p<0.05$ ), their level of anxiety ( $p<0.05$ ), and their self-perception of their health ( $p<0.02$ ) when compared with those in the control group.
Li-Tsang et al. (2008)	China	To investigate the efficacy of a job placement and support program designed for those with musculoskeletal injuries	Randomised Controlled Trial	N = 66 Adults aged 20-59yrs Work-related injury 'Sick listed' for 6 months or more	Adults with work-related injuries, non-specific occupations	Chinese Lam Assessment on Stages of Employment Readiness (unpublished); Chinese State Trait and Anxiety Inventory; Short form health survey (SF-36).	No	Significant difference in gaining employment for those who engaged in supported placements compared to those in self-placements. Anxiety levels were lower in individuals who engaged in supported placements than those who did not ( $F=4.30$ , $p<0.05$ ). However, no significant differences



Reference	Country	Overall Study Aim	Design	Participants	Occupational group	Relevant Outcome measures	Definition of WR	Relevant findings
								were found in the mean number of working hours between individuals who engaged in supported placements and those who did not.
Riddell et al. (2002)	UK	To identify key variations in characteristics and outcomes of Work Preparation participants in Scotland	Cohort study	N = 2381 Adults enrolled in Disability Service Teams across Scotland; disabilities included physical, mental health, sensory and learning disabilities	Adults enrolled in Disability Service	Hard occupational outcomes – in work, further education, training, voluntary work, etc.	No	Those who were unemployed with mental health problems prior to the preparation programme, were significantly less likely than those with other disabilities (physical, sensory, learning) to enter work after their programme ( $X^2(16)=33.195$ , $p<0.01$ ).  <i>It appears that these categorisations were pre-existing conditions to unemployment rather than consequences of unemployment, but this is unclear.</i>
Roberts and Pratt (2010)	USA	To examine the construct validity of rehabilitation readiness in the employment domain.	Prospective Cohort	N = 111 Adults with mental illness (major depression, bipolar, psychosis) enrolled in a supported employment program; aged 18 to 63 years	Adults with mental illness	Psychiatric Rehabilitation Readiness Determination Profile Interviewer Rated; Psychiatric Rehabilitation Readiness Determination Profile Self-Report; Vocational Rehabilitation Readiness Survey; Brief Psychiatric Rating Scale-Expanded Version; Brief Symptom Inventory; Employment and Program Participation Follow-Up Questionnaire;	No	Drop-out rates within the first 3-months of starting a supported employment intervention were negatively related to readiness scores on the Vocational Rehabilitation Readiness Scale ( $r=-0.192$ , $p<0.05$ ).  General rehabilitation readiness (PRRDP-I/S; Psychiatric Rehabilitation Readiness Determination Profile – interview/self-report) was significantly related to job activity and acquisition at both 3 and 6-months follow-up ( $r=-0.193$ , $p<0.05$ ).

Reference	Country	Overall Study Aim	Design	Participants	Occupational group	Relevant Outcome measures	Definition of WR	Relevant findings
Shin and Kelly (2015)	South Korea & USA	To examine resilience and decision-making strategies as predictors of difficulties experienced during the career decision-making process.	Cross-sectional	N = 364 University students in USA	University students	Resilience Scale; Career Decision-Making Profile Questionnaire; Career Decision-Making Difficulties Questionnaire	No	Resilience was negatively associated with lack of readiness ( $r=-0.16$ , $p<0.01$ ), lack of information ( $r=-0.28$ , $p<0.01$ ), and inconsistent information ( $r=-0.30$ , $p<0.01$ ). However, resilience only accounted for 7% of the variance in career decision-making, and 2% of the variance in readiness specifically.
Watson et al. (2004)	UK	To identify factors which predict return to work and progress towards employment.	Pre- & post-test comparison	N = 86 Adults unemployed for > 6 months due to lower back pain	Unemployed adults with back pain	Roland and Morris disability Questionnaire; Visual analogue scale for Pain; Tampa scale of Kinesiophobia; Zung depression index	No	Depression and anxiety symptoms were measured prospectively at baseline and 3-6-month follow-ups; people unemployed for prolonged periods of time ( $\bar{x}=4.2$ yrs) self-reported more depression and anxiety symptoms and made less occupational progress (employment, placements, work-related training) at the 6-month follow-up point than those unemployed for shorter periods ( $\bar{x}=3.2$ yrs; $p<0.001$ ).
Zikic and Klehe (2006)	Canada & Netherlands	To explore the role of career exploration and career planning in predicting reemployment quality	Two wave survey design	N = 304 Unemployed adults attending outplacements	Unemployed adults	Career Exploration Survey; modified career planning and thinking dimension; Job search behaviour scale; General Self-efficacy Scale; Emotional and Instrumental Social Support Scale	Yes	<p>Focused career planning rather than general searching was moderately positively associated with a high quality of re-employment (<math>r=0.3</math>, <math>p&lt;0.01</math>) six months after job loss.</p> <p>Work-related self-efficacy was positively related to focused career planning (<math>r=0.18</math>, <math>p&lt;0.05</math>).</p> <p>Emotional and instrumental social support was significantly positively associated (<math>r=0.18</math>, <math>p&lt;0.05</math>) with a high quality of re-employment six months after job loss.</p>
Zhou et al. (2016)	China & UK	To explore career exploration and career planning	Pre- & post questionnaires	N=304 Adults (mean=44.79 yrs) unemployed	Unemployed adults	Career Exploration Scale; Modified Career Planning and Thinking Dimension; study specific job search	Yes	A positive relationship was found between internal career resources (concern; control; curiosity and confidence) and career decision-making self-efficacy ( $\beta=0.39$ , $p<0.001$ ).

Reference	Country	Overall Study Aim	Design	Participants	Occupational group	Relevant Outcome measures	Definition of WR	Relevant findings
		in predicting reemployment quality		through redundancy.		questions; General Self-Efficacy Scale; Emotional & Instrument Social Support Scale; employment status; Organisational Identification Scale; Career Growth Scale; Turnover Intentions Scale		and the effects of internal locus of control and intrinsic fulfilment on self-efficacy were also mediated by career adapt-abilities.

## 2.2. Work Readiness terminology

Table 44: Table of work readiness terms

Reference	Term	Definition
Jaensch et al. (2016, pp. 4-5)	Vocational interest characteristics	Interest congruence, interest differentiation, and general interest level (elevation) are useful indicators for career development.
	Interest differentiation	The degree to which a person or environment's characteristics are clearly distinct.
	Interest congruence	The degree of fit between an individual's interests and the characteristics of his or her work environment.
	Interest elevation	General interest factor that displays openness and the flexibility of interests.
Zikic and Klehe (2006, p. 394)	Instrumental social support	Support in the form of constructive advice and resources, provided by career consultants and may help to better appraise career related information and adapt to the novel circumstances.
	Emotional social support	Support characterized by providing empathy, caring, love, and trust by partners or families.
Savickas (1997, p. 254) as cited in Guan et al. (2013)	Career adapt-abilities	Internal career resources - concern; control; curiosity and confidence
	Adaptivity	Readiness to cope with the predictable tasks of preparing for and participating in the work role and with the unpredictable adjustments prompted by changes in work and working conditions
Zhou et al. (2016, p. 125)	Intrinsic fulfilment	Individuals' career goals of fully utilizing their talents and realizing their ideality in their careers
Adams and Williams (2003); Jaensch et al. (2016); Zikic and Klehe (2006)	Work-related self-efficacy	The self-belief that one can accomplish and perform within their role and work domain
Shin and Kelly (2015)	Resilience	Optimism and engagement in life, with ability to be productive and solution focused in response to challenges, disappointments and adversity

## **APPENDIX 3. Preliminary Work Readiness Study**

### **3.1. Purpose**

A key aim of WWTW and their programmes is to increase work readiness and gainful employment in ExSP who seek their support. As discussed in CHAPTER 4:, WR seems to be a somewhat hypothetical construct, lacking an accepted definition. Having identified that there is limited research on WR (including ExSP), there is therefore a lack of clarity about which scale to use to measure this construct for the service evaluation. Consequently, a pilot study was conducted to establish the most appropriate WR measure to use with ExSP, which sought to identify the feasibility and acceptability of several different measures for the evaluation.

### **3.2. Background and Rationale**

From the literature gathered, WR appears to be the extent to which someone holds the characteristics and attributes required to prepare them for success in the workplace (Caballero & Walker, 2010). Due to the lack of consistency in definition and terms, there is no gold standard assessment tool. Several different scales exist, all of which propose to test this concept, but they vary considerably in the angle taken and questions asked (Brady, 2010; Caballero et al., 2011; Finger, Escorpizo, Bostan, & De Bie, 2014; Porfeli & Savickas, 2012; Savickas & Porfeli, 2012).

Although WR literature derives from research with very specific populations (e.g. nurses, Grade 12 students, musculoskeletal injuries), the concept is likely to apply to anyone entering the labour force and may therefore be useful in military-civilian employment transition, on which there appears to be a scarcity of knowledge. Much of the military-civilian research primarily focuses on logistical and practical processes to gaining work, including the discharge resettlement programmes, both in the UK and the US (Haynie & Shepherd, 2011; Kukla, Rattray, et al., 2015; Robertson & Brott, 2014). One of the few known studies to touch on this matter however, comes from the US (Adler et al., 2011), and claims that the work performance and productivity (such as presenteeism) of ExSP returning to civilian work (possibly prematurely) was influenced by mental health problems.

### **3.3. Measurement tools**

The systematic review in CHAPTER 4: on WR provided a starting point from which to explore the concept of preparation for RTW and/or engaging in a new career. The limited consensus on the definition of WR causes variation seen between scales that propose to

measure this concept (or similar domains). Therefore, the scales that were identified through the systematic review process were carefully considered in order to select up to five that most closely seemed to measure readiness and seemed the most appropriate for the ex-service population.

### 3.3.1 Career Adapt-Abilities Scales (CAAS)

According to Savickas and Porfeli (2011) individuals should “*approach career choice tasks with concern for their futures, a sense of personal control over their careers, the curiosity to experiment with possible selves and explore social opportunities, and the confidence to engage in designing their occupational futures and executing plans to make them real*”. The CAAS (Savickas & Porfeli, 2012) is a hierarchical construct that is made up of 24-items over four domains (Control; Confidence; Concern; and Curiosity), demonstrating competencies in career adaptability through individual preparedness and resources and the associated outcomes.

The four domains are: *Control*, which assesses the understanding that a career is not based on luck but on personal influence exerted on their situation; *Concern*, assessing the extent of future projection and the need to think ahead; *Curiosity*, which assesses exploration of vocational options, how one fits in with employment and seeking information to answer these questions; and *Confidence*, which assesses the level of self-assurance in managing an occupational situation and achieving a positive outcome. Each domain has six questions, with response ratings on a Likert scale of ‘Not Strong’ to ‘Strongest’, valued at one to five respectively. A high total score indicates increased career adaptability, while scores on each domain indicate areas for future vocational work.

Table 45: Career Adapt-Abilities Dimensions (Savickas, 2013b)

	Readiness & resources		Responses & planning	
	<i>Attitudes and beliefs</i>	<i>Competence</i>	<i>Coping behaviours</i>	<i>Career ‘problem’</i>
Concern	Planful	Planning	Aware; Involved; Preparing	Indifference
Control	Decisive	Decision making	Assertive; Disciplined; Wilful	Indecision
Curiosity	Inquisitive	Exploring	Experimenting; Risk taking; Inquiring	Unrealism
Confidence	Efficacious	Problem solving	Persistent; Striving; Industrious	Inhibition

Savickas and Porfeli (2012) reported an internal reliability score of 0.92 for the CAAS, based on a US population. The CAAS has been widely used in research internationally (Porfeli & Savickas, 2012; Savickas & Porfeli, 2012; van Vianen, Klehe, Koen, & Dries, 2012) and has been found to predict career satisfaction and performance (Zacher, 2014).

### Career Adapt-Abilities Scale

Name \_\_\_\_\_

Age \_\_\_\_\_ Circle one: Male or Female

#### DIRECTIONS

Different people use different strengths to build their careers. No one is good at everything, each of us emphasizes some strengths more than others. Please rate how strongly you have developed each of the following abilities using the scale below.

<u>STRENGTHS</u>	Strongest	Very Strong	Strong	Somewhat Strong	Not Strong
1. Thinking about what my future will be like	_____	_____	_____	_____	_____
2. Realizing that today's choices shape my future	_____	_____	_____	_____	_____
3. Preparing for the future	_____	_____	_____	_____	_____
4. Becoming aware of the educational and vocational choices that I must make	_____	_____	_____	_____	_____
5. Planning how to achieve my goals	_____	_____	_____	_____	_____
6. Concerned about my career	_____	_____	_____	_____	_____
7. Keeping upbeat	_____	_____	_____	_____	_____
8. Making decisions by myself	_____	_____	_____	_____	_____
9. Taking responsibility for my actions	_____	_____	_____	_____	_____
10. Sticking up for my beliefs	_____	_____	_____	_____	_____
11. Counting on myself	_____	_____	_____	_____	_____
12. Doing what's right for me	_____	_____	_____	_____	_____



Please rate how strongly you have developed each of the following abilities using the scale below.

<u>STRENGTHS</u>	Strongest	Very Strong	Strong	Somewhat Strong	Not Strong
13. Exploring my surroundings					
14. Looking for opportunities to grow					
15. Investigating options before making a choice					
16. Observing different ways of doing things					
17. Probing deeply into questions that I have					
18. Becoming curious about new opportunities					
19. Performing tasks efficiently					
20. Taking care to do things well					
21. Learning new skills					
22. Working up to my ability					
23. Overcoming obstacles					
24. Solving problems					

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### 3.3.2 Career Maturity Inventory Form-C (CMI-C)

The CMI-C is a measurement tool for occupational development (Savickas & Porfeli, 2011), primarily used in career counselling with adolescents, assessing career readiness with specific domains to identify diagnostic areas for future work to improve preparedness. The underlying assumption of this scale is that individuals who hold a high level of career maturity will be more likely to obtain and maintain a successful career, because they can understand the relationship of current behaviour to the attainment of future goals; they have knowledge of and are dedicated to the career process; consider their options and are prepared to balance reality and occupational desire (Powell & Luzzo, 1998).

The scale is made up of 24-items organised into four domains (six items each), the first three of which indicate readiness while the fourth assesses career independence and is scored separately; *Concern* tests whether the participant is engaged in the process of making career choices; *Curiosity* tests how much the participant has investigated occupations and their potential specific requirements; *Confidence* tests the level of self-assurance in career decision making; and *Consultation* tests the dependency of seeking guidance and advice in taking steps forward in their career. The 24 statements focus on different aspects of preparedness and require an 'agree' or 'disagree' response, with only one correct answer for each. The total score indicates the overall extent of readiness, as well as on the individual domains, with high scores suggesting increased readiness, except for on the consultation domain in which a low score is favourable suggesting independence.

Internal consistency was found to be 0.61 on the revised version (CMI-R; Busacca & Taber, 2016) but was not found to be available for the latest CMI-C. Various versions of the CMI have been used in research internationally (Busacca & Taber, 2016; Chan et al., 2015; Janeiro, Mota, & Ribas, 2014).

### 3.3.2.1 CMI-C score sheet

#### Career Maturity Inventory

Participant number: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

#### DIRECTIONS

There are 23 statements about choosing the kind of job or work that you will probably do when you are ready, after leaving the Armed Forces. Read each statement. If you agree or mostly agree with it, then circle agree next to it. If you disagree or mostly disagree with it, then circle disagree next to it.

		Agree	Disagree
1	There is no point in deciding on a job when the future is so uncertain		
2	I know very little about the requirement of jobs		
3	I have so many interested that it is hard to choose just one occupation		
4	Choosing a job is something that you do on your own		
5	I can't seem to become very concerned about my future occupation		
6	I don't know how to go about getting into the kind of work I want to do		
7	Everyone seems to tell me something different; as a result I don't know what kind of work to choose		
8	If you have doubts about that you want to do, ask your friends or family for advice		
9	I seldom think about the job that I want to enter		
10	I am having difficulty in preparing myself for the work that I want to do		
11	I keep changing my occupational choice		
12	When it comes to choosing a career, I will ask other people to help me		
13	I don't know what courses I should take to help my career		
14	I often daydream about what I want to be, but I really have not chosen an occupation yet		
15	I will choose my career without paying attention to the feelings of other people		
16	As far as choosing an occupation is concerned, something will come along sooner or later		
17	I don't know whether my occupational plans are realistic		
18	There are so many things to consider in choosing an occupation, it is hard to make a decision		
19	It is important to consult friends and get their ideas before making an occupational choice		

20	I really can't find any work that has much appeal to me		
21	I keep wondering how I can reconcile the kind of person I am with the kind of person I want to be in my occupation		
22	I can't understand how some people can be so certain about what they want to do		
23	In making career choices, one should pay attention to the thoughts and feelings of family members		

### 3.3.3 Readiness to Return to Work Scale (RRTW)

The RRTW scale is based on the Readiness for Change model (Prochaska, Diclemente, & Norcross, 1992), originally designed for addictive behaviours, and assists in identifying social and personal factors that may influence the ability to change behaviours/situations and sustain that change. The scale was developed to measure the readiness to RTW after long term sick leave (primarily aimed at physical health; Franche et al., 2007). It was thought that individuals progress through stages on their path to returning to employment. The process is not considered linear and may involve relapse or varying degrees of presence in each stage. It was recognised that the ability to work is an active relationship between health and situational factors, acknowledged in the RRTW scale by incorporating health related items in the stages of RTW.

Franché et al. (2007) identified four domains for RTW and two for maintaining work; *Pre-contemplation* defines the individual as not yet thinking about changing their behaviour to RTW, not seeing the need or benefit; *Contemplation* defines the individual as beginning to think about RTW but is yet to act on this; *Prepared for Action – Self-evaluative* describes the individual as seeking information about RTW, and what this may mean for them specifically and beginning to make plans; *Prepared for Action – Behavioural* is when the individual acts on the plans made in the previous stage; *Uncertain Maintenance* is when the individual has RTW but is struggling to sustain their employment; and *Proactive/Certain Maintenance* is when the individual has found beneficial strategies to help them maintain their employment. There is no total score for this scale, only dimensional scores, ranging from 5-20. Two scoring methods are available for the scale (Franché et al., 2007), the stage allocation approach in which the participant is assigned to the stage that they score highest on; or the multidimensional approach in which the participant is given a score for each stage with readiness considered as a multifaceted concept.

Internal consistency for the scale was found to range between 0.65-0.75 in a Canadian musculoskeletal population (Franché et al., 2007) and in a Norwegian mental health population (Braathen et al., 2013). This scale is one of the few that has fully defined WR and developed a scale in line with that definition and has been used and tested internationally in research (Braathen et al., 2013; Braathen et al., 2014; Brouwer et al., 2011; Franche & Krause, 2002b; Ofte, 2014).

### 3.3.3.1 RRTW score sheet

## READINESS FOR RETURN-TO-WORK

The following section is about your feelings about getting ready to return to work. Keep in mind that 'back to work' could mean back to part-time or modified work.

- 1. Are you currently back at work?**    ☐ No → complete items 1 to 13 only  
   ☐ Yes → complete items 14 to 22 only

<b>FOR THOSE NOT BACK AT WORK</b> If you are not back at work, skip to the next page, for items 14 to 22.	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither disagree nor agree</b>	<b>Agree</b>	<b>Strongly agree</b>
1) You don't think you will ever be able to go back to work.	1	2	3	4	5
2) As far as you're concerned, there is no point in thinking about returning to work.	1	2	3	4	5
3) You are actively doing things now to get back to work.	1	2	3	4	5
4) Physically, you are starting to feel ready to go back to work.	1	2	3	4	5
5) You have been increasing your activities at home in order to build up your strength to go back to work.	1	2	3	4	5
6) You are getting help from others to return to work.	1	2	3	4	5
7) You are not ready to go back to work.	1	2	3	4	5
8) You have found strategies to make your work manageable so you can return to work.	1	2	3	4	5
9) You have been wondering if there is something you could do to return to work.	1	2	3	4	5
10) You have a date for your first day back at work. (	1	2	3	4	5
11) You wish you had more ideas about how to get back to work.	1	2	3	4	5
12) You would like to have some advice about how to go back to work.	1	2	3	4	5
13) As far as you are concerned, you don't need to go back to work ever.	1	2	3	4	5

<b><u>FOR THOSE WHO ARE CURRENTLY BACK AT WORK</u></b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither disagree nor agree</b>	<b>Agree</b>	<b>Strongly agree</b>
14) You are doing everything you can to stay at work.	1	2	3	4	5
15) You have learned different ways to cope with your pain so that you can stay at work.	1	2	3	4	5
16) You are taking steps to prevent having to go off work again due to your injury.	1	2	3	4	5
17) You have found strategies to make your work manageable so you can stay at work.	1	2	3	4	5
18) You are back at work but not sure you can keep up the effort.	1	2	3	4	5
19) You worry about having to stop working again due to your injury.	1	2	3	4	5
20) You still find yourself struggling to stay at work due to the effects of your injury.	1	2	3	4	5
21) You are back at work and it is going well.	1	2	3	4	5
22) You feel you may need help in order to stay at work.	1	2	3	4	5

### 3.3.4 Scales not included

Despite appearing as possibly the most suitable based on organisational reports found online and being used widely in private and public sectors, little to no peer-reviewed research was available on the following three scales. It was thought that this pilot study could help contribute to their evidence base, but the costs for their use were beyond that which the PhD funding was able to support. These included:

Employment Readiness Scale (ERS) - (Ward & Riddle, 2001, 2014; Ward et al., 2004)

The ERS is an online assessment tool commissioned by the Canadian Government, measuring three areas deemed critical for employment success; supports for dealing with challenges (*self-efficacy; outcome expectancy; social support; and work history*), employability dimensions (*career decision-making; skills enhancement; job search; job maintenance; and ongoing career management*) and challenges (*personal, environmental and systemic*). Through email correspondence with one of the authors, it was apparent that this scale was in fact briefly used with Canadian/US military personnel transitioning to civilian life, but the project ended due to reportedly unrelated circumstances and no data was published.

The Work Star - (Scott & Hansberry, 2015; Triangle Consulting, 2016)

The work star is one of 28-stars and looks at seven key areas in the process of RTW; *job skills and experience; aspiration and motivation; job search skills; stability; basic skills; workplace and social skills; and health and wellbeing*. Each area is scored on a scale of 1-10 to understand where the individual may be lacking to successfully RTW, placing individuals on a continuum from 'stuck' to 'self-reliance'.

The Work Readiness Scale (WRS) - (Caballero & Walker, 2010; Caballero et al., 2011)

The WRS was developed for graduate nurses and consists of a 64-item scale with four factors; *personal characteristics, organisational acumen, work competence, and social intelligence*. Internal consistency was found to be 0.96 for the overall scale, with each factor ranging from 0.88-0.93. This scale did have some peer reviewed research (Walker, Storey, Costa, & Leung, 2015), but the scale itself was not able to be located, even after attempted correspondence with the authors.

### **3.4. Methods**

#### **3.4.1 Sample**

According to a review by Connelly (2008), literature suggests that pilot and feasibility studies should aim for a sample size that is approximately 10% of the future main study. As is discussed in Methods, the estimated minimum size required to find a difference in each WWTW programme was 51, totaling 153 participants across the three programmes. However, Hertzog (2008) argues that it is not as straightforward as this, with measurement tool size and pilot aims to consider, such as statistical estimates of the parent study or scale adequacy. The aim of this pilot study was to assess the suitability of WR measures, and thus the internal consistency of each scale. Hertzog (2008) suggests that for an aim such as this, a sample size of 25 or more requires an observed alpha of 0.75 in order to be confident that the population value is at least 0.70.

The aim was therefore to recruit 20-25 unemployed ExSP for the pilot through volunteer sampling, satisfying the general rule of thumb of 10% of the parent study, whilst taking in to account the pilot and statistical aims where possible.

A panel of five experts were also purposively recruited for the study. This included:

- Two Employment Mentors from WWTW
- Professor in Defence and Occupational Health



- Clinical Psychologist and Researcher supporting ExSP with mental health problems
- Researcher/Lecturer in Epidemiology

### 3.4.2 Procedure

A rehousing residence for homeless ExSP that hosts one of the programmes run by WWTW (Home Straight) was used as the base for recruitment and data collection. This house was not going to be used in the main study, as the rules and regulations of the house differed from the others and posed a potential confounding variable (see Methods). However, the residents of this house still reflected the sample of participants from the main study, particularly from the Home Straight programme for which the WR scale was primarily aimed.

Volunteer sampling was the primary sampling method, with the chosen residential house displaying recruitment information sheets and flyers. The flyers introduced the study to the residents and included my contact details for further information requests. Dates were then arranged to meet with interested participants and to conduct the pilot study.

Along with the information sheet, an oral explanation of the study was given at the start of each session to discuss the research with the participants and ensure that they fully understood the study aims. All participants were reassured that their decision to participate in no way affected their stay at the residential house. One residential staff member was present in the room to witness this and the consent, to ensure that participants fully understood the research and to ensure safeguarding for both parties. Consent forms were signed at the start of the session.

Sessions lasted approximately 20-minutes where participants were asked to complete three scales. After completion, participants took part in a brief structured interview (four questions enquiring about personal perceptions of readiness and opinions of the scales).

Finally, the measures were sent to a panel of 'experts' who would be likely to use such measures in their line of work (clinically or in research). These professionals were contacted in advance and provided with an information sheet. They were asked to return their opinions on the scales via email. This provided the opportunity for a non-lay perspective on the utility and face validity of the measures.

### 3.4.3 Ethical Consideration

Ethical issues were considered due to the vulnerable nature of the participants, ExSP living in a homeless rehousing residence, some of whom may have had further physical or psychological vulnerabilities. Ethical approval was sought and granted on 14<sup>th</sup> April 2016 (HR-15/16-2178; see section 3.4.3.1 in APPENDIX 3).

#### 3.4.3.1 Ethical Approval Letter for Pilot Study

Rebecca Dunn

14 April 2016

Dear Rebecca ,

Study Title: Work readiness in military veterans: A Pilot Study

Study Reference: HR-15/16-2178

I am pleased to inform you that full approval for your project has been granted by the PNM Research Ethics Subcommittee

Please ensure that you follow all relevant guidance as laid out in the King's College London Guidelines on Good Practice in Academic Research (<http://www.kcl.ac.uk/college/policyzone/index.php?id=247>).

For your information, ethical approval is granted until 14th April 2019. If you need approval beyond this point, you will need to apply for an extension at least two weeks before this. You will be required to explain the reasons for the extension. However, you will not need to submit a full re-application unless the protocol has changed. If you have been granted approval for only 12 months, you will not be sent a reminder when it is due to lapse.

Ethical approval is required to cover the data-collection phase of the study. This will be until the date specified in this letter. However, you do not need ethical approval to cover subsequent data analysis or publication of the results.

For secondary data-analysis, ethical approval is applicable to the data that is sensitive or identifies participants.

Approval is applicable to period in which such data is accessed or evaluated.

Please note you are required to adhere to all research data/records management and storage procedures agreed to as part of your application. This will be expected even after the completion of the study.

If you do not start the project within three months of this letter, please contact the Research Ethics Office.

Please note that you will be required to obtain approval to modify the study. This also encompasses extensions to periods of approval. Please refer to the URL below for further guidance about the process:

<http://www.kcl.ac.uk/innovation/research/support/ethics/applications/modifications.aspx>

Please would you also note that we may, for the purposes of audit, contact you from time to time to ascertain the status of your research.

If you have any query about any aspect of this ethical approval, please contact the Research Ethics Office:

(<http://www.kcl.ac.uk/innovation/research/support/ethics/contact.aspx>)

We wish you every success with this work.

Yours sincerely,

James Patterson - Senior Research Ethics Officer

**For and on behalf of**

Dr Jane Petty, Chair of the PNM Research Ethics Subcommittee

Cc:Neil Greenberg

### 3.5. Analysis

A qualitative approach was taken to explore the utility, acceptability and face validity of the scales, using thematic analysis for the responses to the four structured questions at the end of the sessions with each participant and with the views of the panel of experts.

Thematic analysis is an approach to examining qualitative data by identifying and labelling information and organising those codes into themes (Braun & Clarke, 2006). The level of analysis required for the pilot did not fully utilise the thematic method, due to the closed nature of the four questions asked. However, it did enable aggregation of opinion.

### 3.6. Results

Despite an aim to recruit 20-25 participants, engagement and interest was low and only 16 residents agreed to take part.

#### 3.6.1 Participant views

After completing the three scales, all participants were asked their opinions on each measure and if they had a preference. Full use of thematic analysis techniques was not possible due to their short, minimally worded responses. Although wording differed, most participants felt that there was very little difference between the scales, with responses such as:

*"They're all boring, I don't think anything of them" – Pt 3*

*"Overall all the scales were good and easy to understand" – Pt 12*

*"...much of a muchness" – Pt 7*

Despite nearly all the participants stating that all three measures were very similar, positively or negatively, RRTW was most commonly chosen, by eight out of the sixteen participants. It was stated to be the easiest and most straightforward to complete, with a good answer structure and questions that helped identify what areas needed further development before becoming work ready. The CMI-C achieved four votes and the CAAS achieved three (one participant did not want to choose).

Scale specific comments included:

### CAAS

Most participants found this scale oversimplified the issues at hand and had confusing wording. A small number of participants found the scale suited its purpose well but found it repetitive. One participant commented that as a person with low self-esteem and few perceived strengths, he found completing the scale quite difficult, feeling as though the question wording did not really apply. There were mixed opinions regarding the response structure, with approximately half feeling as though there were too many options, over-complicating matters, while others found it appropriate.

### CMI-C

Most participants found this a straightforward scale, with easy applicability as it had a simple response structure, enabling them to see what areas required attention. However, several suggested that a middle option of “don’t know” was needed. Several participants highlighted a specific question in this scale that really resonated with them as ExSP, touching on occupational identity – *“I keep wondering how I can reconcile the kind of person I am with the kind of person I want to be in my occupation”*. However, it was noted that they felt judgement about their support network in this scale.

### RRTW

This scale received the most support for being the most straightforward and easy to understand, with wording seemingly the most appropriate for their present situation and for the aim of the scale. The question topics were described as informative on guiding their direction, but some reported a negative tone in the scale overall, leaving them feeling more aware but pessimistic about their future.

## **3.6.2 Expert panel**

The panel of five experts unanimously stated that the RRTW seemed the most appropriate measure. They considered it to be more concrete and captured more practical rather than aspirational information, from which areas for development could be gathered - *“It could help someone come to their own realisations about being work ready now”*. They did not feel that the CAAS or the CMI-C were truly capturing ‘employment’ readiness.

The measure chosen for the evaluation was RRTW.

### 3.7. Discussion

The three different scales all fall in the region of work/career readiness. The CAAS focuses primarily on capability of making successful career choices and transitions (Savickas & Porfeli, 2012); the CMI-C assess occupational 'maturity' to make choices and transitions indicating career readiness (Savickas & Porfeli, 2011); and the RRTW looks at cognitive and behavioural stages of change applied to vocational preparedness (Franché et al., 2007). Question wording held a number of assumptions across all three scales, reportedly causing some participants to feel quite negatively afterward (e.g. 'assuming' a support network; 'assuming' an injury/health problem; not acknowledging low self-esteem) or that the question simply did not apply leaving none of the response options seeming suitable.

Despite the weakest empirical background and lowest internal consistency score in its development (marginally), the RRTW indeed presented itself as the most suitable scale, by description and by qualitative opinion of participants and the expert panel. It better framed the concept of readiness that two of the WWTW programmes were trying to gain a deeper understanding of, and as suggested by both the expert panel and several pilot participants, it better identified areas that may need attention before attempting to RTW. The CAAS and CMI-C were considered more aspirational and less directly applicable to immediate employment prospects. With all this in mind, the RRTW *may* not in fact measure 'work readiness' in the ExSP of this service evaluation, but it may be the best way (for now at least) in understanding the occupational outcomes of the participants and in identifying areas for development.

Using the RRWT scale, the following questions will be addressed later in the thesis:

- Can 'work readiness' really be measured and quantified?
- Does internal reliability of the RRTW increase in a larger sample?
- Was the RRTW suitable or is the development of a new scale potentially required?
- Can the concept of 'work readiness' contribute to our understanding of occupational stability in ex-service personnel?

## APPENDIX 4. Methods

### 4.1. Ethical Approval Letter for secondary data analysis of WWTW evaluation data

Research Ethics  
Office

Franklin Wilkins Building  
5.9 Waterloo Bridge Wing  
Waterloo Road  
London SE1 9NH  
Telephone 020 7848 4020/4070/4077  
rec@kcl.ac.uk



Rebecca Dunn

3 February 2017

Dear Rebecca,

LRS-16/17-3890 - Walking With The Wounded - Secondary data analysis

I am pleased to inform you that full approval for your project has been granted by the PNM Research Ethics Panel

- Ethical approval is granted for a period of **three years** from 3 February 2017 . You will not receive a reminder that your approval is about to lapse. It is your responsibility to apply for an extension prior to the project lapsing.
- You should report any untoward events or unforeseen ethical problems to the panel Chair, via the Research Ethics Office, within a week of occurrence. Information about the panel may be accessed at: <http://www.kcl.ac.uk/innovation/research/support/ethics/committees/sshl/rep/index.aspx>
- If you wish to change your project or request an extension of approval, please complete and submit a Modification Request to [crec-lowrisk@kcl.ac.uk](mailto:crec-lowrisk@kcl.ac.uk). Please quote your ethics reference number, found at the top of this letter, in all correspondence with the Research Ethics Office. Details of how to complete a modification request can be found at: <http://www.kcl.ac.uk/innovation/research/support/ethics/applications/modifications.aspx>
- All research should be conducted in accordance with the King's College London *Guidelines on Good Practice in Academic Research* available at: <http://www.kcl.ac.uk/college/policyzone/assets/files/research/good%20practice%20Sept%2009%20FINAL.pdf>

Please note that we may, for auditing purposes, contact you to ascertain the status of your research.

We wish you every success with your research.

Best wishes,

PNM Research Ethics Panel REP Reviewers

## 4.2. Ethical Approval Letter for Qualitative Interviews

Rebecca Dunn

14 April 2016

Dear Rebecca,

Study Title: Military veteran transition into employment and civilian independence and engagement: A Walking With The Wounded service evaluation

Study Reference: HR-15/16-2558

I am pleased to inform you that full approval for your project has been granted by the PNM Research Ethics Subcommittee

Please ensure that you follow all relevant guidance as laid out in the King's College London Guidelines on Good Practice in Academic Research (<http://www.kcl.ac.uk/college/policyzone/index.php?id=247>).

For your information, ethical approval is granted until 14th April 2019. If you need approval beyond this point, you will need to apply for an extension at least two weeks before this. You will be required to explain the reasons for the extension. However, you will not need to submit a full re-application unless the protocol has changed. If you have been granted approval for only 12 months, you will not be sent a reminder when it is due to lapse.

Ethical approval is required to cover the data-collection phase of the study. This will be until the date specified in this letter. However, you do not need ethical approval to cover subsequent data analysis or publication of the results.

For secondary data-analysis, ethical approval is applicable to the data that is sensitive or identifies participants.

Approval is applicable to period in which such data is accessed or evaluated.

Please note you are required to adhere to all research data/records management and storage procedures agreed to as part of your application. This will be expected even after the completion of the study.

If you do not start the project within three months of this letter, please contact the Research Ethics Office.

Please note that you will be required to obtain approval to modify the study. This also encompasses extensions to periods of approval. Please refer to the URL below for further guidance about the process:

<http://www.kcl.ac.uk/innovation/research/support/ethics/applications/modifications.aspx>

Please would you also note that we may, for the purposes of audit, contact you from time to time to ascertain the status of your research.

If you have any query about any aspect of this ethical approval, please contact the Research Ethics Office:

(<http://www.kcl.ac.uk/innovation/research/support/ethics/contact.aspx>)

We wish you every success with this work.

Yours sincerely,

James Patterson - Senior Research Ethics Officer

**For and on behalf of**

Dr Jane Petty, Chair of the PNM Research Ethics Subcommittee

Cc: Neil Greenberg

### 4.3. Patient Health Questionnaire-9 (PHQ-9)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
=Total Score: \_\_\_\_\_

---

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.



#### 4.4. Generalised Anxiety Disorder-7 (GAD-7)

GAD-7				
Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T \_\_\_\_ = \_\_\_\_ + \_\_\_\_ + \_\_\_\_ )

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

## 4.5. Work and Social Adjustment Scale (WSAS)

Serenity Programme™ - [www.serene.me.uk](http://www.serene.me.uk) - Work and Social Adjustment Scale - WSAS

### Work and Social Adjustment Scale (WSAS)

Identifier

Date

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.

If you're retired or choose not to have a job for reasons unrelated to your problem, tick here ☐

0

1

2

3

4

5

6

7

8

Not at  
all

Slightly

Definitely

Markedly

Very  
severely

1

Because of my [problem] my **ability to work** is impaired. '0' means 'not at all impaired' and '8' means very severely impaired to the point I can't work.

2

Because of my [problem] my **home management** (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.

3

Because of my [problem] my **social leisure activities** (with other people e.g. parties, bars, clubs, outings, visits, dating, home entertaining) are impaired.

4

Because of my [problem], my **private leisure activities** (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.

5

Because of my [problem], my ability to form and maintain **close relationships** with others, including those I live with, is impaired.

Print Form

Clear Form

Total WSAS score =

The maximum score of the WSAS is 40, lower scores are better. Privacy - please note - this form does not transmit any information about you or your assessment scores. If you wish to keep your results, either print this document or save this file locally to your computer. If you click 'save' before closing, your results will be saved in this document. These results are intended as a guide to your health and are presented for educational purposes only. They are not intended to be a clinical diagnosis. If you are concerned in any way about your health, please consult with a qualified health professional.

## 4.6. Investigating Choice Experiments CAPability measure for Adults (ICECAP-A)

### ABOUT YOUR OVERALL QUALITY OF LIFE

Please indicate which statements best describe your overall quality of life at the moment by placing a tick (✓) in **ONE** box for each of the five groups below.

#### 1. Feeling settled and secure

- I am able to feel settled and secure in **all** areas of my life  
 I am able to feel settled and secure in **many** areas of my life  
 I am able to feel settled and secure in **a few** areas of my life  
 I am **unable** to feel settled and secure in **any** areas of my life

	4
	3
	2
	1

#### 2. Love, friendship and support

- I can have **a lot** of love, friendship and support  
 I can have **quite a lot** of love, friendship and support  
 I can have **a little** love, friendship and support  
 I **cannot** have **any** love, friendship and support

	4
	3
	2
	1

#### 3. Being independent

- I am able to be **completely** independent  
 I am able to be independent in **many** things  
 I am able to be independent in **a few** things  
 I am **unable** to be at all independent

	4
	3
	2
	1

#### 4. Achievement and progress

- I can achieve and progress in **all** aspects of my life  
 I can achieve and progress in **many** aspects of my life  
 I can achieve and progress in **a few** aspects of my life  
 I **cannot** achieve and progress in **any** aspects of my life

	4
	3
	2
	1

#### 5. Enjoyment and pleasure

- I can have **a lot** of enjoyment and pleasure  
 I can have **quite a lot** of enjoyment and pleasure  
 I can have **a little** enjoyment and pleasure  
 I **cannot** have **any** enjoyment and pleasure

	4
	3
	2
	1

Please ensure you have only ticked **ONE** box for each of the five groups.

## 4.7. Qualitative Interview Information Sheet



### INFORMATION SHEET

#### Military veteran transition into employment and civilian independence: A Walking With The Wounded service evaluation

You have been invited to take part in a study being conducted by King's College London. The study is fully supported by Walking With The Wounded (WWTW) but the study team are wholly independent of WWTW and any information you provide the study team will be dealt with in the strictest confidence. None of your comments or responses to the study team will ever be fed back to WWTW in any way that could identify you.

Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends, relatives and colleagues if you wish.

Please get in touch if there is anything that is not clear or if you would like more information (contact details on page 4). We do appreciate that taking part in this research will require a little of your time but we hope the information you would be able to provide the study team will make a real and positive difference to the way that veterans are supported in the years ahead.

Thank you for reading this.

#### **What is the purpose of the study?**

This study aims to explore the experiences and opinions of ex-service personnel who engaged in WWTW programmes. The information gathered aims to highlight what works well and the positive and negative experiences individuals have had, as well as to understand your thoughts on the ways in which WWTW can improve and provide a more effective individualised programme structure.

The aim is to gather this information through 1:1 telephone/Skype interviews with ex-service men and women who have been part of a WWTW programme as well as gathering some information on what it is like to be a 'veteran' in today's world.

The results of the study will be used by WWTW to help them improve where they can and continue to provide high quality support to ex-service men and women. A further aim is to provide a clear landscape of the needs of wounded, injured and sick (WIS) veterans particularly during resettlement, information that could be transferable to similar organisations that support ex-service personnel, and the NHS.

#### **Who has reviewed the study?**

An ethical review of this study has been carried out by the *Psychiatry, Nursing and Midwifery Research Ethics Committee [ref: HR15/16-2558]*.

#### **Do I have to take part?**

No. Participation in this study is entirely voluntary and you are also free to withdraw at any time without giving a reason even after agreeing to take part.

If at any point during the interview you wish to withdraw, please let the researcher know and the interview will be discontinued. Your information up to that point will not be included in the write up.

March 2017

If after the interview you wish to withdraw, please contact the researcher before analysis (contact details on page 4), which is anticipated to be 31<sup>st</sup> August 2017. After this point it will not be possible to identify your data from other participants.

#### **What will happen to me if I take part?**

Once you have agreed to take part in the study, you will be required to sign and return the consent form (you can still withdraw at any point even after signing). A suitable time for your interview will then be arranged. Interviews are conducted over the phone or Skype, so can be done at a time and location convenient for you. The interview will last approximately one hour. The interview procedure will be as follows:

- ❖ You will be given the opportunity to talk to the researcher and ask any questions.
- ❖ The researcher will then switch on an audio-recorder to record the interview. Please note that only the researcher and the transcriber will listen to the tape and the recording will be destroyed after it has been transcribed.
- ❖ Questions will primarily focus on your views, experiences and opinions of your programme. The interview will follow a loosely structured plan in that there are a small number of specific questions everyone will be asked, but mostly it is up to you, your experiences will drive the conversation. Some questions will cover your experiences of leaving the military and your view of your identity, and what the term 'veteran' means to you. You are not obliged to answer any questions that you do not wish to.
- ❖ At the end you will be given the opportunity to ask any questions about the study.
- ❖ You will also be asked you if you are interested in knowing the outcomes of the study. If you are, the researcher will make a note and send you (by e-mail or post) a synopsis of the conclusions drawn from the study and a copy of any publications generated by the study.

#### **Are there any risks for my health or well-being?**

Due to the nature of the topic under discussion, there is a possibility that you may become distressed although we do not anticipate that this is likely. If at any point during the session, you feel uncomfortable or anxious, you or the researcher may pause, discontinue or reschedule the session. There is no obligation to complete the session.

If you have any concerns about taking part, please discuss them with the researcher. If you have taken part and feel that participation in this study has harmed you in any way, you can contact King's College London for further advice and information. All relevant contact details can be found on page 4.

#### **What are the possible benefits of taking part?**

The benefits of this study are likely to be more long-term, contributing to informing practice in WWTW and potentially to other organisations that work with ex-military personnel and may further inform the transition experience. However, some participants may also find it helpful or therapeutic talking through their experiences or thoughts.

In the consent form, you will be able to state by checking a box, whether you wish to receive the final report.

March 2017

**Will my taking part in this study be kept confidential?**

Your participation in the study and the information you provide will be kept entirely confidential. The only situation in which the study team may have to speak to someone outside of the team is if it is thought that you or someone else might be at risk, or if we became aware of issues of a serious criminal nature. Aside from this, all information will be kept strictly confidential.

Audio recordings will be stored in a locked cabinet in the researcher's office at King's College London, accessible only to the researcher, and they will be destroyed immediately after transcription. No identifying details, e.g. consent forms with your name on it, will be kept alongside either audio recordings or transcripts so you cannot be recognised from them.

A typed up document of your interview will be prepared and stored in a password protected document on the researcher's university computer at King's College London. You will be given a fictitious name within the transcript, and will not be named at any point in the write-up. Any potential identifying details will not be used in the write-up. Any direct quotes from participants will be published only in a way that would ensure that no one could possibly identify who said them.

The requirements of the Data Protection Act will be complied with at all times, and the research has been approved by the *Psychiatry, Nursing and Midwifery Research Ethics Committee* [ref: HR15/16-2558].

**What will happen to the results of the research study?**

- *Data linkage*

If you give us permission, we can link your interview data with the results of your survey from the evaluation WWTW carried out. We will not request this information from WWTW unless you give us permission by checking the relevant box on the consent form. If you do, this information will enable us to link outcomes with views, experiences and opinions, to look for patterns. Your results will still remain anonymous, in the write-up and to WWTW. Giving us permission for linking your data is not required to participate in the interview.

- *After the study*

The research should be completed during 2017. The results will be written up as a PhD thesis and hopefully published as a scientific paper in an academic journal. You will be able to obtain a copy of the paper if you wish, please check the corresponding box on the consent form. No names or any other identifying details will be included in the write-up, so you will not be identifiable. Data will be archived for potential future use, but will remain anonymised and will not be identifiable.

March 2017

**Contact for further information**

If you are interested in taking part, please contact Rebecca Dunn or return the form on the following page.

Should you need further information please contact Rebecca Dunn, Primary Researcher (tel: 0207 848 5145, [rebecca.r.dunn@kcl.ac.uk](mailto:rebecca.r.dunn@kcl.ac.uk)); or Professor Neil Greenberg (tel: 020 7848 5351, [neil.greenberg@kcl.ac.uk](mailto:neil.greenberg@kcl.ac.uk)) or Dr Laura Goodwin ([laura.goodwin@kcl.ac.uk](mailto:laura.goodwin@kcl.ac.uk))

Thank you very much for taking the time to consider this research study.



**Rebecca Dunn**

*PhD Student*

*King's Centre for Military Health Research (KCMHR)*

*Department of Psychological Medicine*

*King's College London*

*10 Cutcombe Road*

*London, SE5 9RJ*

*0207 848 5145*

[rebecca.r.dunn@kcl.ac.uk](mailto:rebecca.r.dunn@kcl.ac.uk)

If this study has harmed you in any way, you can contact King's College London using the details below for further advice and information:

Professor Neil Greenberg (Supervisor of Project Researcher)

King's College, London

Weston Education Centre

10 Cutcombe Road

London, SE5 9RJ

020 7848 5351

[Neil.greenberg@kcl.ac.uk](mailto:Neil.greenberg@kcl.ac.uk)

March 2017





If you are interested in taking part in this study, please email  
Rebecca Dunn [rebecca.r.dunn@kcl.ac.uk](mailto:rebecca.r.dunn@kcl.ac.uk)

Alternatively, please tick the box below, sign this form and return it to:

Rebecca Dunn  
King's Centre for Military Health Research, Psychological Medicine  
King's College London  
2.62 Weston Education Centre  
10 Cutcombe Road  
London  
SE5 9RJ

☐ I am interested in taking part in this study.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please let us know how you wish to be contacted in order to arrange a suitable date and time for interview (e.g. email, phone, letter)

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March 2017



## 4.8. Qualitative Interview Consent Form



*Psychiatry, Nursing and Midwifery Research Ethics Committee [ref: HR15/16-2558].*

Participant Identification Number for this study: \_\_\_\_\_

### PARTICIPANT CONSENT FORM

Military veteran transition into employment and civilian independence and engagement:  
A Walking With The Wounded service evaluation

If you wish to take part in this study, please complete this form and email it or post it back to the research team

Name of Researcher: Rebecca Dunn  
Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Please check box**

- I confirm that I have read the information sheet for the above study and have had the opportunity to ask questions.
  - I understand that my participation is voluntary and that I am free to withdraw at any time during the study, without giving any reason. After the study, I have until summer 2017 to withdraw.
  - I understand that the only situation in which the interviewer might have to breach confidentiality would be if they thought that I or someone else might be at risk, or if they became aware of issues of a criminal nature.
  - I agree to the interview being audio-recorded.
- ☐ I agree to take part in the above study.
- ☐ I am willing for my interview data to be linked to my data from the WWTW service evaluation.
- ☐ I would like a copy of any publications that come out of this study.

\_\_\_\_\_  
Name of Participant

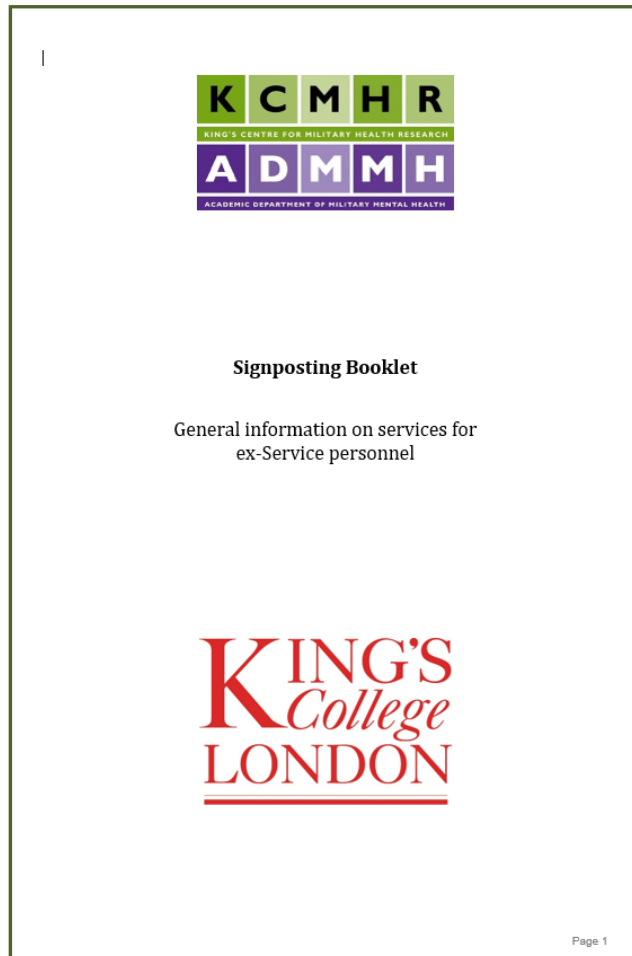
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*1 for participant; 1 for researcher*

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## 4.9. Qualitative Interview Signposting Booklet



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## 1. DIRECTORY OF SOCIAL CHANGE: ONLINE TOOL FOR SEARCHING FOR ARMED FORCES CHARITIES

### 1.1. ~~Armed Forces Charities~~ { XE "Armed Forces Charities" }

Armedforcescharities.org.uk contains details of over 2,200 armed forces charities registered in the UK, including charities that cater for the needs of serving and ex-serving personnel and their families, armed forces museums and heritage organisations and cadet units and organisations.

To search for help, select "Search for Armed Forces Charities" from the main menu at the top of the page and follow the instructions to select your criteria. You can refine your search by selecting more and more specific criteria.

Web: [www.armedforcescharities.org.uk](http://www.armedforcescharities.org.uk)  
Email: [info@armedforcescharities.org.uk](mailto:info@armedforcescharities.org.uk)

## 2. NATIONAL MENTAL HEALTH SERVICES AND ADVICE

For veterans the first port of call is your GP.

### 2.

#### 2.1. Big White Wall { XE "Big White Wall" }

An anonymous online peer support network that encourages you to be open about what is on your mind, to learn more about yourself and what is troubling you. It is available 24/7 and is free for veterans and their families. You can talk anonymously through your troubles with the whole community, or a selected group or individual. Trained mental health professionals can help small groups of members to resolve problems like stress, anxiety and depression via live chats online.

Open: 24hrs/ 365 days Web: [www.bigwhitewall.com](http://www.bigwhitewall.com)  
Email: [theteam@bigwhitewall.com](mailto:theteam@bigwhitewall.com)

#### 2.2. Combat Stress 24 Hour Helpline { XE "Combat Stress 24 Hour Helpline" }

Provides confidential help and advice on any mental health issues to the military community, veterans and their families.

Open: 24hrs/ 365 days  
Helpline: 0800 138 1619 Email: [helpline@combatstress.org.uk](mailto:helpline@combatstress.org.uk)  
Text: 0753 740 4719 (standard charges may apply for texts)

#### 2.3. Combat Stress { XE "Combat Stress" }

Originally called the *Ex-Services Mental Welfare Society*, Combat Stress specialises in the treatment and support of British Armed Forces Veterans who have mental health problems. Community and outreach support is also offered in local communities and in veterans own homes, with a community team providing both practical and clinical support. They recommend calling their local outreach office to get in touch with them.

Open: Mon - Fri, 9am - 5pm Web: [www.combatstress.org.uk](http://www.combatstress.org.uk)  
[OutreachNorth@CombatStress.org.uk](mailto:OutreachNorth@CombatStress.org.uk) [OutreachSouth@CombatStress.org.uk](mailto:OutreachSouth@CombatStress.org.uk)  
Tel: 01292 561 350 Tel: 01372 587 080  
[OutreachCentral@CombatStress.org.uk](mailto:OutreachCentral@CombatStress.org.uk) [OutreachIreland@CombatStress.org.uk](mailto:OutreachIreland@CombatStress.org.uk)  
Tel: 01952 822 750 Tel: 02890 269 999

#### 2.4. ~~Forcesline~~ { XE "Forcesline" }

As part of Soldiers, Sailors, Airmen and Families Association (SSAFA { XE "SSAFA" }) this support line offers totally confidential, non-judgemental, guidance on all personal/welfare issues, including sexual harassment, discrimination, bullying, racism, drugs, depression, alcohol, debt, relationship counselling and suicide to the serving and ex-serving military community from anywhere in the world. It is completely independent of the military chain of command. They also provide an email service where they will respond within 24hours via a contact form on their website.

Open: Mon - Fri, 9am - 5pm (UK) Web: [www.ssafa.org.uk/how-we-help/forcesline](http://www.ssafa.org.uk/how-we-help/forcesline)  
UK Freephone: 0800 731 4880 Germany Freephone: 0800 182 7395  
Cyprus Freephone: 8009 1065 Falkland Islands Freephone: #6111  
Rest of the World: +44(0) 207 463 9292 (\*staff will phone you back)

**2.5. The Veterans and Reserves Mental Health Programme (XE "Veterans and Reserves Mental Health Programme") (VRMHP)**

The Veterans and Reserves Mental Health Programme (VRMHP) (formerly the Medical Assessment Programme) provides mental health assessments for veterans and reservists who have concerns about their mental health as a result of service.

The Medical Assessment Programme has moved from St Thomas' Hospital, London to Chilwell, Nottingham and the service is now co-located with Reservist Mental Health Programme and renamed the VRMHP.

The VRMHP investigates patients' mental health concerns and, so far as possible, it provides a diagnosis if the veteran has a mental health disorder, and recommends appropriate management through the NHS, if required. Advice will also be provided on the extensive support network that is available to veterans and their families in the UK.

The Veterans Mental Health Programme is available to veterans who have deployed since 1982 and are experiencing mental health challenges as a result of military service. The service will remain the same; a full mental health assessment by a consultant psychiatrist with accompanying guidance on care and treatment for the veteran's local clinical team. Referrals to the VRMHP will preferably be made by the individual's GP however self-referrals will now be accepted for this service.

**Helpline:** 0800 032 6258

**Web:** [www.gov.uk/support-for-war-veterans](http://www.gov.uk/support-for-war-veterans)

**Email:** [dphce-dcmhcol-vmhmp@mod.uk](mailto:dphce-dcmhcol-vmhmp@mod.uk)

**2.6. MIND (XE "MIND")**

Mind's telephone helpline offers a range of advice on mental health issues on their info-line and also offers legal advice on via legal line. The website also has links to a wide range of booklets and leaflets.

**Open:** Mon-Fri, 9am – 6pm

**Web:** [www.mind.org.uk](http://www.mind.org.uk)

**Infoline:** 0300 123 3393

**Text:** 86463 (standard charges may apply)

**Email:** [info@mind.org.uk](mailto:info@mind.org.uk)

**Legal Line:** [legal@mind.org.uk](mailto:legal@mind.org.uk)

MIND's network is focused on England and Wales and they do not currently work in Scotland or Northern Ireland. If you are from either of these areas and are looking for mental health information, advice or support, you may find the following organisations helpful:

**The Scottish Association for Mental Health:**

The Scottish Association for Mental Health provides community based mental health support across Scotland. Their website contains contact information for a variety of services on offer across Scotland.

**General Enquiries:** 0141 530 1000

**Web:** [www.samh.org.uk](http://www.samh.org.uk)

**Email:** [enquire@samh.org.uk](mailto:enquire@samh.org.uk)

**The Northern Ireland Association for Mental Health:**

The Northern Ireland Association for Mental Health is an independent charity focusing on mental health and well-being services in Northern Ireland.

**General Enquiries:** 0289 032 8474

**Web:** [www.niamhwellbeing.org](http://www.niamhwellbeing.org)

**Email (NI):** [hello@inspirewellbeing.org](mailto:hello@inspirewellbeing.org)

**Email (Ireland):**

[dundalk@inspirewellbeing.ie](mailto:dundalk@inspirewellbeing.ie)

**2.7. NHS Direct (111) (XE "NHS Direct")**

Call or email health professionals for advice about mental and physical health.

**Open:** 24hrs/365 days a year

**Non-Emergency:** 111 or 0845 4647 in Wales

**2.8. Samaritans (XE "Samaritans")**

Someone to talk to 24 hours a day. They also offer face to face appointments in local branches. You can find your local branch via their branch finder on their website.

**Open:** 24hrs/365 days a year

**Tel:** 116 123 (UK and ROI)

**Email:** [jo@samaritans.org](mailto:jo@samaritans.org)

**Web:** [www.samaritans.org](http://www.samaritans.org)

**2.9. Veterans UK (XE "Veterans UK"); The Service Personnel and Veterans Agency (XE "Samaritans")**

Aims to be a first-stop for veterans providing information on the various services offered by other organisations in one place. The Veterans UK Helpline provides advice on many topics.

**Open:** Mon – Thurs: 7.30am – 6.30pm; Fri: 7.30am – 5pm

**Helpline:** 0808 191 4218

**Overseas:** +44 (0)1253 866 043

**Email:** [veterans-uk@mod.uk](mailto:veterans-uk@mod.uk)

**Web:** [www.veterans-uk.info](http://www.veterans-uk.info)

**2.10. Royal British Legion (XE "Royal British Legion")**

Provides financial, social and emotional support to all those who have served and are currently serving in the Armed Forces, as well as their families. There is an online chat service available via their website 7 days a week from 8am until 8pm.

**Open:** 7 days a week, 8am – 8pm

**Web:** [www.britishlegion.org.uk](http://www.britishlegion.org.uk)

**Helpline:** 0808 802 8080

**From overseas:** +44 (0)20 3376 8080

There are 2,500 local branches around the UK and overseas providing support for people in their local communities and a meeting place to get together.

**Web:** <http://www.britishlegion.org.uk/get-support/the-legion-near-you/find-the-legion-near-you/>

**2.11. Help for Heroes Hidden Wounds (XE "Help for Heroes Hidden Wounds")**

Help for Heroes provides direct, practical support for wounded, injured and sick servicemen, women and veterans and their families.

Help for Heroes Hidden Wounds is the psychological wellbeing service of Help for Heroes providing support to veterans and their families living with anxiety, depression, stress,

anger or alcohol issues. Offers support from Psychological Wellbeing Practitioners (PWPs) with knowledge of the Armed Forces. Over the phone, via Skype or face to face, practitioners work with individuals across four to eight sessions as they use work books and learn practical strategies to understand and manage emotions.

**Open:** Mon – Fri, 9am -5pm  
**Tel:** 0808 202 0144 (*free from UK Landlines*)  
**Email:** [hidden.wounds@helpforheroes.org.uk](mailto:hidden.wounds@helpforheroes.org.uk)  
**Web:** [www.helpforheroes.org.uk/hidden-wounds](http://www.helpforheroes.org.uk/hidden-wounds)  
**Alt Tel:** 01980 844 300

Or you can contact one of their regional Support Hubs

**Open:** Mon – Fri, 9am -5pm  
**Tedworth House, Tidworth:** 01980 844 224  
**Phoenix House, Catterick:** 01748 834 148  
**Chavasse VC House, Colchester:** 01206 815 838  
**Naval Service Recovery Centre, Plymouth:** 01752 562 179

Help for Heroes also offer funds for financial support (Quick Reaction Fund) and support networks (Band of Brothers and Band of Sisters).

### 3. REGIONAL/LOCAL MENTAL HEALTH SERVICE AND ADVICE

Please note that the list of regional/local services is not exhaustive. For more information on local services, if you cannot find an appropriate service listed below, please contact:

**Combat Stress 24 hour helpline** (0800 138 1619, see section 2.2)  
**Veterans UK Helpline** (0808 191 4218, see section 2.9)

#### SERVICES IN SCOTLAND

##### 3.1. Veterans First Point (XE "Veterans First Point")

Aims to provide a one-stop shop for veterans and their families living in Lothian, working with organisations that might be able to help a veteran or their family to resolve whatever issue they may have. They also offer a drop in centre in Edinburgh open Monday to Friday from 1pm until 4.30pm.

**Address:** Veterans First Point  
 Floor K, Argyle House,  
 3 Lady Lawson Street,  
 Edinburgh, EH3 9DR.

**Tel:** 0131 220 9920  
**Web:** [www.veteransfirstpoint.org.uk](http://www.veteransfirstpoint.org.uk)  
**Email:**  
[VIP.Scotland@nhslothian.scot.nhs.uk](mailto:VIP.Scotland@nhslothian.scot.nhs.uk)

##### 3.2. Veterans' Health Zone (XE "Veterans First Point")

Information on specific NHS support for veterans in Scotland, as well as programmes and initiatives that they may access.

**Open:** 8am – 10pm

**Helpline:** 0800 22 44 88

**Email:** [nhs.inform@nhs24.scot.nhs.uk](mailto:nhs.inform@nhs24.scot.nhs.uk)

**Web:** [www.nhsinform.co.uk/veteranshealth](http://www.nhsinform.co.uk/veteranshealth)

#### SERVICES IN WALES

##### 3.3. All Wales Veterans Health and Wellbeing Service (XE "All Wales Veterans Health and Wellbeing Service")

This is a service for veterans who need psychological support, treatment and advice. The service also provides help to access employment, benefits and housing advice. Open to any veteran living in Wales who has served at least one day with the British Military as either a regular service member or as a reservist who has a service related psychological injury. Self-referral or referral by GP.

**Open:** Mon – Fri, 8am - 4.30pm  
**Email:** [Claire.morgan4@wales.nhs.uk](mailto:Claire.morgan4@wales.nhs.uk)

**General Enquiries:** 0292 074 2062  
**Web:** [www.veteranswales.co.uk](http://www.veteranswales.co.uk)

They are unable to respond to crisis calls but recommend those in need call CALL (Community Advice Listening Line) - a 24/7 **helpline:** 0800 132 737

#### SERVICES IN NORTHERN ENGLAND

- 3.4. **NHS Humber and Yorkshire Veterans Outreach Service**{ XE "NHS Humber Veterans Outreach Service".}  
Mental health triage and assessment for military veterans registered with GPs across North, West and South Yorkshire and the Humber.

Tel: 01482 617 594 Email: [HNF-TR.veteransoutreachservice@nhs.net](mailto:HNF-TR.veteransoutreachservice@nhs.net)  
Web: <http://www.humber.nhs.uk/services/veterans-outreach-service>

- 3.5. **NHS Tees, Esk and Wear Valleys NHS Foundation Trust Veteran Services**  
{ XE "NHS Tees, Esk and Wear Valleys NHS Foundation Trust Veteran Services".}  
The website contains information on a number of different services offered in the region.

Tel: 0132 555 2000 Email: [tewv.enquiries@nhs.net](mailto:tewv.enquiries@nhs.net)  
Web: [www.tewv.nhs.uk/](http://www.tewv.nhs.uk/) (then search for veterans)

- 3.6. **NHS Pennine Military Veterans' Service**{ XE "NHS Pennine Military Veterans' Service".}  
Service to improve the mental health and emotional wellbeing of ex-service personnel and their families. Service covers the whole North West, working closely with local services. Self-referral or referral through GP.

Open: Mon – Fri, 9am – 5pm Tel: 0300 323 0707  
Email: [mviapt.enquiries.nw@nhs.net](mailto:mviapt.enquiries.nw@nhs.net)  
Web: [www.penninecare.nhs.uk/your-services/military-veterans-service](http://www.penninecare.nhs.uk/your-services/military-veterans-service)

- 3.7. **NHS Northumberland, Tyne and Wear NHS foundation trust**{ XE "NHS Northumberland, Tyne and Wear NHS foundation trust".}  
Service that aims to help the well-being of veterans and their families. They also provide a community mental health service for veterans, which can be accessed by self-referral or by your GP. This service also works in partnership with Combat Stress and the Royal British Legion.

Open: 9am – 5pm Urgent Mental Health Advice: 0303 123 1145  
Email: [veterans@ntw.nhs.uk](mailto:veterans@ntw.nhs.uk) General Enquiries: 0191 441 5974  
Website: [www.ntw.nhs.uk/](http://www.ntw.nhs.uk/) (then search for veterans services)

#### SERVICES IN THE MIDLANDS

- 3.8. **West Midlands Regional Veterans Mental Health Network**{ XE "West Midlands Regional Veterans Mental Health Network".}  
A network of eight Mental Health Trusts has been established across the West Midlands region to support the identification and engagement of veterans into mental health services.

Tel: 0800 500 3113 (If ringing from a mobile phone 0178 525 8041)  
Email: [veterans.support@sssf.nhs.uk](mailto:veterans.support@sssf.nhs.uk)  
Web: <http://veterans.sssf.nhs.uk/veteranservices/west-midlands-regional-veterans-service>

- 3.9. **South Staffordshire & Shropshire Veterans' Mental Health Services**{ XE "South Staffordshire & Shropshire Veterans' Mental Health Services".}  
This service offers specialist advice, support and understanding in regards to mental health problems that affect our veteran population.

Tel: 0800 500 3113 (If ringing from a mobile phone 0178 525 8041)  
Email: [veterans.support@sssf.nhs.uk](mailto:veterans.support@sssf.nhs.uk) Web: <http://veterans.sssf.nhs.uk/>

#### SERVICES IN LONDON AND SOUTHERN ENGLAND

- 3.10. **South West Veterans Mental Health Partnership Service**{ XE "South West Veterans Mental Health Partnership Service".}  
Provides help to military veterans across the whole of the South West of England. Referrals from veterans themselves, their families or carers, from any health or social care professional or recognised charity.

Open: Mon – Fri, office hours Tel: 0300 555 0112  
Email: [awpswveterans@nhs.net](mailto:awpswveterans@nhs.net) Web: [www.swveterans.org.uk](http://www.swveterans.org.uk)

- 3.11. **NHS London Veterans' Community Mental Health Service**{ XE "London Veterans' Community Mental Health Service".}  
An open access Mental Health Service for veterans in London, accessed via self-referral or referral by a charity or GP.

Open: Mon – Fri, 9am – 5pm Tel: 020 3317 6818  
Email: [veterans@candi.nhs.uk](mailto:veterans@candi.nhs.uk) Web: [www.londonveterans.nhs.uk](http://www.londonveterans.nhs.uk)

#### 4. GENERAL ADVICE AND SUPPORT

##### 4.1 Citizens Advice Bureau{ XE "Citizens Advice Bureau" }

The national centre provides free, confidential advice on a range of issues including finances, housing and employment. You can talk to them via an online chat service available Monday to Friday from 10am to 4pm through their website. They also have a range of local offices that you can visit or call, the details of which can be found on their website.

**Open:** Mon – Fri, 9am – 5pm  
**Welsh Advisor:** 0344 477 2020

**Consumer Helpline:** 0344 411 1444  
**Web:** [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

##### 4.2 Debt Advice Line{ XE "Debt Advice Line" }

Are an independent charity offering free, confidential, debt advice. Their website provides fact sheets, interactive tools and guides as well as an online chat service.

**Open:** Mon-Fri, 9am-8pm; Sat 9:30am-1pm  
**Web:** [www.nationaldebtline.co.uk](http://www.nationaldebtline.co.uk)

**Tel:** 0808 808 4000

##### 4.3 Royal British Legion{ XE "Royal British Legion" }

Provides financial, social and emotional support to all those who have served and are currently serving in the Armed Forces, as well as their families. There is an online chat service available via their website 7 days a week from 8am until 8pm.

**Open:** 7 days a week, 8am – 8pm  
**Web:** [www.britishlegion.org.uk](http://www.britishlegion.org.uk)

**Helpline:** 0808 802 8080

##### 4.4 The Mix{ XE "The Mix" }

Online guide for 16-25 year-olds in the UK providing information on many topics including relationships, health and wellbeing, housing, money, work and study, crime and addiction. They offer discussion boards, live expert chat and a number of apps to deal with finance, stress, motivation and finding local support services. They provide a counselling service Monday to Friday from 9am until 5pm which can be accessed via a form on their website.

**Web:** <http://www.themix.org.uk/>  
**1-2-1 Chat:** On their website

**Tel:** 0808 808 4994

##### 4.5 Veterans UK{ XE "Veterans UK" }; The Service Personnel and Veterans Agency

{ XE "Veterans Agency" } t "See Veterans UK." Aims to be a first-stop for veterans providing information on the various services offered by other organisations in one place. The Veterans UK Helpline provides advice on many topics.

**Open:** Mon – Thurs: 7.30am - 6.30pm; Fri: 7.30am - 5.00pm

**Helpline:** 0808 191 4218

**Email:** [veterans-uk@mod.uk](mailto:veterans-uk@mod.uk)

**Overseas:** +44 (0)125 386 6043

**Web:** [www.veterans-uk.info](http://www.veterans-uk.info)

#### 5 ALCOHOL AND DRUGS

##### 5.1 Addaction{ XE "Addiction" }

Addaction is one of the UK's largest specialist drug and alcohol treatment charities. This website gives information about coping with alcohol and drug dependency and can help you find a service in your local area.

**Web:** [www.addaction.org.uk](http://www.addaction.org.uk)

**Email:** [info@addaction.org.uk](mailto:info@addaction.org.uk)

##### 5.2 Alcoholics Anonymous{ XE "Alcoholics Anonymous" }

A fellowship of men and women who share their experience, strength and hope with each other to help others to recover from alcoholism. You can find your local meeting via their website.

**Free national helpline:** 0800 917 7650

**Email:** [help@aamail.org](mailto:help@aamail.org)

**Web:** [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

##### 5.3 Al-Anon{ XE "Al-Anon" }

Provides local support to anyone whose life is, or has been, affected by someone else's drinking as they believe alcoholism affects the whole family, not just the drinker.

**Open:** 10am - 10pm, 365 days a year

**Email:** [enquiries@al-anonuk.org.uk](mailto:enquiries@al-anonuk.org.uk)

**Republic of Ireland:** 01 873 2699

**Northern Ireland:** 0289 068 2368

**Helpline:** 020 7403 0888

**Web:** [www.al-anonuk.org.uk/](http://www.al-anonuk.org.uk/)

**Open:** 10am - 10pm, 365 days a year

**Open:** Mon – Fri: 10am - 1pm;

Mon – Sun: 6pm – 11pm

##### 5.4 Drinkaware{ XE "Drinkline" }

Offers free, confidential information and advice to callers who are concerned about their own or someone else's drinking.

**Drinkline Helpline:** 0300 123 1110

**Web:** [www.drinkaware.co.uk](http://www.drinkaware.co.uk)

##### 5.5 National Drugs Helpline{ XE "National Drugs Helpline" } - FRANK{ XE "FRANK" }

FRANK is a confidential service to speak to a professionally trained advisor about drugs. They offer a live chat service on their website from 2pm until 6pm.

**Open:** 24hrs/365 days a year

**Text a question to Frank:** 82111

**Tel:** 0300 123 6600

**Web:** [www.talktofrank.com](http://www.talktofrank.com)

##### 5.6 Turning Point{ XE "Turning Point" }

National health and social care provider to help people find a new direction in life and help tackle substance misuse, mental health issues or employment difficulties  
**Tel:** 0207 481 7600 (not a helpline) **Web:** [www.turning-point.co.uk](http://www.turning-point.co.uk)



## 6 JOBS AND EMPLOYMENT

### 6.1 National Job Centre { XE "Job Centre" }

To contact Jobcentre plus for support finding a job:

**Open:** Mon - Fri, 8am - 6pm **Tel:** 0345 604 3719  
**Textphone:** 0345 608 8551 **Welsh Language:** 0345 604 4248  
**Web:** [www.gov.uk/browse/working/finding-job](http://www.gov.uk/browse/working/finding-job)

### 6.2 National Careers Service

National Careers Service advisers can provide you with information, advice and guidance on skills, learning and work. Explore the different ways to get in touch with an adviser.

**Web:** <https://nationalcareersservice.direct.gov.uk/> **Tel:** 0800 100 900

### 6.3 NACRO { XE "NACRO" }

Aims to help those with a criminal record get back into work, providing information for ex-offenders, their families and those working with them.

**Open:** Mon - Fri, 9am - 5pm **Resettlement Advice line:** 0300 123 1999  
**Email:** [helpline@nacro.org.uk](mailto:helpline@nacro.org.uk) **Web:** [www.nacro.org.uk](http://www.nacro.org.uk)

### 6.4 RFEA: The Forces Employment Charity { XE "RFEA\; The Forces Employment Charity" }

Provides tailored job finding support, helping to source job opportunities for all service leavers and ex-forces personnel across the UK. You can register online for their employment services, call the helpline below or visit their website to find details of their regional offices.

**Helpline:** 0121 236 0058 **Web:** [www.rfea.org.uk](http://www.rfea.org.uk)

### 6.5 The Officers' Association { XE "The Officers' Association" }

Provides practical support and advice on transition and employment for officers and their families whether still serving, in transition, or having left the Armed Forces. There are three core streams of support aimed at: building knowledge; growing connections; and sourcing employment positions.

**Tel:** 0117 906 3580 **Web:** [www.officersassociation.org.uk](http://www.officersassociation.org.uk)

The Officers' Association also provide support regarding financial assistance and housing via the website and a separate telephone number.

**Tel:** 020 7808 4175 **Web:** [www.officersassociation.org.uk](http://www.officersassociation.org.uk)  
**Email:** [employment@officersassociation.org.uk](mailto:employment@officersassociation.org.uk)  
**Email:** [client.admin@officersassociation.org.uk](mailto:client.admin@officersassociation.org.uk)

## 7 GRANTS FOR COURSES/EDUCATION

### 7.1 Adult Learning Grants { XE "Adult Learning Grant" }

Financial assistance to help adults back into education. Offers a website providing information on advanced learning grants and loans and a learner support helpline providing advice on support for childcare costs, housing and grants that may be available whilst learning.

**Open:** Mon - Fri, 9am - 5pm **Helpline:** 0800 121 8989  
**Web:** <https://www.gov.uk/grant-bursary-adult-learners>

### 7.2 Royal British Legion { XE "Royal British Legion" }

The British Legion has grants and scholarships available for ex-service personnel and their dependants, spouses of ex-service personnel and their dependants.

**Open:** 7 days a week, 8am - 8pm **Web:** [www.britishlegion.org.uk](http://www.britishlegion.org.uk)  
**Helpline:** 0808 802 8080

### 7.3 Army Benevolent Fund { XE "Army Benevolent Fund" }

Offers a range of financial grants for care in the home, holidays, bursaries, annuities and practical support to serving and ex-service personnel and their families. They have regional offices throughout the UK the details of which are provided on their website.

**National Office Tel:** 0207 901 8900 **Web:** [www.soldierscharity.org](http://www.soldierscharity.org)

### 7.4 Princes Trust { XE "Princes Trust" }

Offers help for those 13-30 who are unemployed or struggling with education.

**Freephone:** 0800 842 842  
**Text:** CALL ME to 0798 338 5418 **Web:** [www.princes-trust.org.uk](http://www.princes-trust.org.uk)

### 7.5 RAF Benevolent Fund { XE "RAF Benevolent Fund" }

For former RAF personnel or their families. Offers a wide range of practical, financial and emotional support.

**Tel:** 0800 169 2942 **Web:** [www.rafbf.org.uk](http://www.rafbf.org.uk)  
**Email:** [mail@rafbf.org.uk](mailto:mail@rafbf.org.uk)

### 7.6 Royal Navy Benevolent Trust { XE "Royal Navy Benevolent Trust" }

Offers a range of help, including grants and advice, for serving and ex-serving members of the Royal Navy and Royal Marines and their families, including those who are separated or divorced and now living with a new partner.

**Tel:** 0239 269 0112 **Web:** [www.rnbt.org.uk](http://www.rnbt.org.uk)  
**Email:** [rnbt@rnbt.org.uk](mailto:rnbt@rnbt.org.uk)



## 8 HELP CLAIMING BENEFITS

### 8.1 Job Centre Plus{ XE."Job Centre Plus". }

For advice on claiming benefits or to claim benefits you can contact job centre plus.

**Open:** Mon to Fri, 8am to 6pm  
**Textphone:** 0800 023 4888  
**Web:** [www.gov.uk/contact-jobcentre-plus](http://www.gov.uk/contact-jobcentre-plus)

**Tel:** 0800 055 6688  
**Welsh language:** 0800 012 1888

### 8.2 SSAFA{ XE."SSAFA". }

SSAFA (Soldiers, Sailors, Airmen and Families Association) has a network of volunteers who can help with advice on a range of financial issues.

**Open:** Mon-Fri, 9am-5.30pm  
**Web:** [www.ssafa.org.uk](http://www.ssafa.org.uk)

**Helpline:** 0800 731 4880

### 8.3 Royal British Legion{ XE."Royal British Legion". }

The Royal British Legion also has funding available for families of ex-service personnel in need.

There is an online chat service available via their website 7 days a week from 8am until 8pm.

**Open:** 7 days a week, 8am – 8pm  
**Helpline:** 0808 802 8080

**Web:** [www.britishlegion.org.uk](http://www.britishlegion.org.uk)

## 9 HOUSING

### 9.1 Haig Homes{ XE."Haig Homes". }

Provides housing assistance to ex-service personnel and/or their dependents.

**Open:** Mon - Fri, 9am - 5pm  
**Email:** [enquiries@haighousing.org.uk](mailto:enquiries@haighousing.org.uk)

**Main Line:** 0208 685 5777  
**Web:** [www.haighomes.org.uk/](http://www.haighomes.org.uk/)

### 9.2 Joint Services Housing Advice Office (JSHAO){ XE."JSHAO". }

Provides civilian housing information, advice and, where possible, placement to service persons and their dependants and to ex-service personnel still occupying service accommodation.

**Advice line:** 01252 787 574  
**Web:** [www.gov.uk/guidance/housing-for-service-personnel-and-families](http://www.gov.uk/guidance/housing-for-service-personnel-and-families)

**Email:** [rc-aws-jshao-0mailbox@mod.uk](mailto:rc-aws-jshao-0mailbox@mod.uk)

### 9.3 SPACES{ XE."SPACES". }

Assistance for single ex-Service personnel in finding housing.

**Web:** [www.spaces.org.uk](http://www.spaces.org.uk)  
**Alternate:** 0174 887 2940  
**Email:** [spaces@riverside.org.uk](mailto:spaces@riverside.org.uk)

**Tel:** 0174 883 3797  
**Alternate:** 0174 883 0191

### 9.4 SSAFA{ XE."SSAFA". }: Housing Advice

SSAFA has a dedicated area of the website for housing advice.

**Tel:** 0207 463 9354  
**Web:** [www.ssafa.org.uk/help-you/veterans/housing-advice](http://www.ssafa.org.uk/help-you/veterans/housing-advice)

### 9.5 Stoll Foundation{ XE."Stoll Foundation". }

Provides temporary and permanent housing for ex-Service personnel. They hold a bi-monthly drop in in London for veterans and their families the details of which are provided on their website.

**Head Office:** 0207 385 2110  
**Email:** [info@stoll.org.uk](mailto:info@stoll.org.uk)

**Web:** [www.stoll.org.uk](http://www.stoll.org.uk)

### 9.6 Veteran's Aid{ XE."Veteran's Aid". }

Provides help for veterans who are homeless or are likely to become homeless. This includes help with hostel accommodation, financial assistance, meal vouchers and clothing, advice and advocacy. They have a drop in centre and a hostel in London available to veterans.

**Freephone:** 0800 012 6867  
**Email:** [info@veterans-aid.net](mailto:info@veterans-aid.net)

**Tel:** 0207 828 2468  
**Web:** [www.veterans-aid.net](http://www.veterans-aid.net)

## 10 RELATIONSHIP GUIDANCE AND FAMILY SUPPORT

### 10.1 Relate{ XE "Relate" }

Offers phone counselling, internet counselling, email counselling and live chat with a counsellor via their website. Appointments can also be made for face to face counselling at your local centre, details of which can be found on their website.

**Open:** Mon - Thurs 8am-10pm, Fri 8am - 6pm, Sat 9am - 5pm

**Tel:** 0300 100 1234

**Web:** [www.relate.org.uk](http://www.relate.org.uk)

### 10.2 Relate for Parents{ XE "Relate for Parents" }

A section of the Relate website is dedicated to parenting which contains useful information for parents worried about their child's behaviour or looking for parenting advice. { XE "Relate for Parents" }

**Web:** [www.relate.org.uk/relationship-help/help-family-life-and-parenting](http://www.relate.org.uk/relationship-help/help-family-life-and-parenting)

### 10.3 Working Families{ XE "Working Families" }

Helping children, working parents and carers and their employers find a better balance between responsibilities at home and work. Provides support on employment rights, tax credits, in work benefits, maternity and paternity leave as well as flexible working options.

**Helpline:** 0300 012 0312

**Email:** [advice@workingfamilies.org.uk](mailto:advice@workingfamilies.org.uk)

**Web:** [www.workingfamilies.org.uk](http://www.workingfamilies.org.uk)

## 11 COUNSELLING AND SUPPORT

### 11.1 Cruse{ XE "Cruse" }

Cruse supports people through bereavement. They offer telephone support and email support as well as face to face and group support at their local branches. You can find your closest branch via their website.

**Open:** Mon & Fri, 9.30am-5pm; Tues - Thurs 9.30am-8pm

**Helpline:** 0808 808 1677

**Email:** [helpline@cruse.org.uk](mailto:helpline@cruse.org.uk)

**Web:** [www.cruse.org.uk](http://www.cruse.org.uk)

### 11.2 Relate{ XE "Relate" }

Offers phone counselling, internet counselling, email counselling and live chat with a counsellor via their website. Appointments can also be made for face to face counselling at your local centre, details of which can be found on their website.

**Open:** Mon - Thurs 8am-10pm, Fri 8am - 6pm, Sat 9am - 5pm

**Booking line:** 0300 100 1234

**Web:** [www.relate.org.uk](http://www.relate.org.uk)

### 11.3 Samaritans { XE "Equality and Human Rights Commission" }

Someone to talk to 24 hours a day via their Freephone helpline. They also offer face to face appointments in local branches.

**Open:** 24hrs/365 days a year

**Email:** [jo@samaritans.org](mailto:jo@samaritans.org)

**Freephone Helpline:** 116 123 (UK & ROI)

**Web:** [www.samaritans.org](http://www.samaritans.org)

## 12 INFORMATION ON EQUALITY AND RIGHTS

**12.1 Equality Advisory Support Service{ XE "Equality and Human Rights Commission" }**  
Specially trained staff will provide information and guidance on discrimination and human rights issues.

**Open:** Mon - Fri: 9am - 8pm; Sat: 10am - 2pm **Phone:** 0808 800 0082  
**Website:** [www.equalityhumanrights.com](http://www.equalityhumanrights.com) **Textphone:** 0808 800 0084

**12.2 Men's Advice Line{ XE "Men's Advice Line" }**  
A confidential helpline for all men experiencing domestic violence by a current or ex-partner.

**Open:** Mon - Fri: 9am - 5pm **Phone:** 0808 801 0327  
**Email:** [info@mensadvice.org.uk](mailto:info@mensadvice.org.uk) **Web:** [www.mensadvice.org.uk](http://www.mensadvice.org.uk)

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## 4.10. Interview Schedule

### Interview Schedule

Instructions to interviewer in red  
To be read to participants in black

#### Set up

- Ensure you have the risk protocol on hand
- Ensure the equipment is working
- Ensure that colleagues are informed that you are doing an interview and will not disturb you
- Ensure you have the list of key support services available for signposting if required

#### Introducing:

- Hello, am I speaking with \_\_\_\_\_? My name is \_\_\_\_\_ from the King's Centre for Military Health Research. Have you been expecting my call? Okay, good.

#### Time and privacy:

- Is this time still convenient for you? Or would you prefer me to call back another time?
- The interview will take up to 60 minutes, is that okay?
- The interview will be recorded with a dictaphone to ensure we capture all of what you say correctly. I hope that is ok with you? Once the interview has been written up we will delete the interview recording.
- As discussed when arranging the interview, you may want to be in a quiet and/or private place to talk. Are you in a location you are happy with? That's great.

#### Content:

- Hoping that you have read the information sheet you have received, do you have any questions about the interview before we start?

#### Data linkage:

- You indicated on the consent form that you are willing for us to link your interview data from today with your data from the WWTW service evaluation? Are you still happy for us to do that? Do you have any questions about this?

#### Thanking:

- Thank you for taking part in this project. That is great that you want to talk to me.

#### Consent:

- Take and record consent at the start of the interview
- Ensure that you are adding a beep (press telephone button 3 times) after taking consent, so we will be able to easily identify from what time point to erase the rest of the interview if needed (only in cases where the paper consent form has not been returned)

## Interview Schedule

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- **Before doing the beeps, suggest that it will indicate that the interview is about to begin and that the 3 beeps do not mean anything. Just a signal that the actual interview has started**

Ok, to start, I shall begin by explaining a bit about the nature of the study and what we hope to find out about. We will then have a hopefully interesting discussion and I have some questions to help guide our conversation. If you have any questions please feel free to ask me at any time.

Leaving the armed forces can sometimes be a challenging time as you head into civilian life and maybe new employment. I am aware that you have been in touch with WWTW which is a charity that aims to support ex-service personnel in need through difficult times to becoming independent civilians. WWTW are keen to identify what their support is like from a client's perspective in order to improve the way they provide services for future ex-service personnel. We also wish to ask you some questions about what leaving the armed forces has been like for you and how you have approached finding civilian employment and becoming a civilian.

Please remember that you are not obliged to answer anything you do not wish to, and there are no right or wrong answers, and no right or wrong ways of being a veteran and civilian. Also, I can reassure you that WWTW will not be told anything from what you tell me that could identify you in any way and any support they provide you with will not be directly affected in any way by anything you tell me today.

Is there anything you would like to ask me before we start?

**Press telephone button 3 times – if asked, this is to signal the interview has started**

---

What is your DoB?

What is your marital status?

Can you tell me what brought you to contact WWTW? Did you seek support from other/mainstream services (NHS)?

If in Home Straight, how did you find living in a veteran's residence?

Can you tell me which programme you were in and about the support you got from WWTW? **[Schedule with therapist or mentor]**

What did you think of the overall experience of the programme and the WWTW staff you had contact with? **[Prompt: knowledgeable, approachable, helpful, friendly...]**

How aware were you of the role or involvement of WWTW in your programme and support?

## Interview Schedule

---

If in Head Start or Home Straight, what did you think of the overall experience of working with your therapist or mentor?

How confident are you now to manage in relation to what brought you to WWTW?  
[Skills to go forward]

Do you feel the programme was successful for you overall? [Prompt: Have the reasons that brought them to WWTW improved?]

Has your programme equipped you with any useful/valuable skills? [Prompt: list them, explain them]

Do you have any positive comments about the programme and/or WWTW? [Prompt: Anything that went well, was done well, interactions you had]

Do you have any negative comments? [Prompt: Anything that didn't go well, wasn't done well, interactions you had]

Do you think there is anything that can be done to improve the service that WWTW provide? [Prompt: within the programme or generally]

Would you recommend your programme to anyone who has served?

Would you recommend WWTW to anyone who has served?

---

### Identity/Transition section:

Ok, now we are going to move on to some more personal topics. Please remember you are not obliged to answer anything that you do not wish to. Are you ok to continue?

Can you tell me about your service? [Prompt: service branch; regiment; rank]

How long were you in the Armed Forces? [Prompt: how old were you when you enlisted?]

When and why did you leave? [Prompt: was it the end of a service term, premature voluntary release, discipline, illness, etc.]

Could you describe the stages of how you left? [Prompt: Try to get them to elaborate on their transition, what happened; resettlement package/program; was the process clear]

How long after leaving did you realise you needed additional support?

How did you find the adjustment to the change? [Prompt: did you have any coping strategies that helped or hindered you? Prompt also for how important family, friends, etc. were in assisting or hindering]

Were you in a relationship when you left? [Prompt: Are they in that same relationship now?]



## Interview Schedule

---

Is there anything that wasn't as you expected? [Prompt: Support, contact, feelings, emotions, level of ease/difficulty]

Is there anything that you think needs to change? [Prompt: Anything they think future ex-service personnel may benefit from; things that hinder successful transition]

In your view, what are the key things that someone needs to be able to leave the services successfully? [Prompt: see if they can list at least 3 things; what advice would they given someone discharging now?]

If not mentioned, any positives during your transition?

\_\_\_\_\_

Do you have a job now?

☐ No – How do you feel about this? Is this by choice?

☐ Yes - How does it feel going to work and doing what you do now?

Having been out of the Armed Forces for \_\_\_\_ years, how would you describe your veteran/civilian experience so far?

[Prompts:

Are they happy?

Is there anything that they have found particularly difficult getting used to?

Anything particularly strange or different to what they expected?

Anything that they have found as a novelty, positive?]

Where you live now, is this the same geographical location as to where you were based in the Armed Forces or where you were based pre-enlistment?

How comfortable do you feel in your local community? Do you feel well integrated?

[Prompt: do they belong to any clubs/groups; have they made new non-military friends; do they know where or use any of the local services]

Has anything helped or hindered you integrating in society? [Prompt: family/friends, ex-military community, local resources, local groups]

How do you see yourself now? Which of the following best describes you?

☐ Veteran/ex-service personnel living in a civilian world

☐ Member of the public living society

☐ Member of the public with a military past

☐ Other: \_\_\_\_\_

☐ None of the above, no specific identity feelings

Is this different to what you would like to be? [Prompt: what influences their identity, how does their military background and their current occupation (if they have one) impact their identity?]

## Interview Schedule

---

How do you think society views ex-service personnel? [Prompt: have they had any positive or negative interactions with non-military members of the public?]

What do the following terms mean to you:

Veteran

Ex-service personnel

Civilian

Hero

Are there any other terms you have heard in relation to this topic?

### **Closing:**

Is there anything that we haven't talked about that you thought would come up, or think is important and would like to discuss?

Are there any questions you would like to ask me?

### **Reflexive Discussion:**

I'd also like to use this space to talk about the interview and how you've experienced the process. Some people's perceptions of the interviewer might influence their responses and it's good for us to talk about this and recognise that we may make assumptions that can sometimes influence what we say and what we share with other people.

What has been your overall experience of the interview?

What do you feel have been barriers to the interview?

How have you felt the interaction has been between us as researcher and participant? Do you think this has influenced how understood you felt or how you framed your answers or what you said?

As a researcher, I do not have military experience; can we discuss how this has affected the interview or how understood you have felt?

[This discussion could also include a discussion of other characteristics, e.g. their perception of an academic researcher understanding 'real-life' phenomena; gender; age; ethnicity; class etc.]

**What next:** Well, thank you very much for taking part, I really appreciate your time and interest in the research and my PhD. To explain the next stages; your interview will be transcribed and anonymised, with the original audio file then destroyed. It will then be analysed alongside other interviews and a report written. You will not be identifiable in any reports.

If you ticked the box to receive a copy of the manuscript, this will be sent out when it is ready.



Do you have any final questions?

Thank you very much and have a good rest of your day.

**END**

## APPENDIX 5. Quantitative Data – Service Evaluation Results

### 5.1. Overall Service Evaluation Results

Table 46: Demographic characteristics of all clients engaging in WWTW programmes upon referral (n=283).

	First Steps n= 38 (%)	Head Start n=169 (%)	Home Straight n=76(%)	Overall (%) N=283
Age Groups				
- 20-24	1 (2.63)	0	7 (9.21)	8 (2.83)
- 25-29	8 (21.05)	9 (5.33)	12 (15.79)	29 (10.25)
- 30-39	17 (44.74)	58 (34.32)	20 (26.32)	95 (33.57)
- 40-49	26.32)	47 (27.81)	19 (25)	76 (26.86)
- 50+	2 (5.26)	54 (31.95)	16 (21.05)	72 (25.44)
- Missing	0	1 (0.59)	2 (2.63)	3 (1.06)
- $\bar{x}$ (sd)	<b>36.49(7.55)</b>	<b>44.91(10.23)</b>	<b>39.64(11.87)</b>	<b>42.37(10.85)</b>
Relationship status				
- In a relationship	14 (36.84)	86 (54.43)	1 (1.52)	101 (35.69)
- Not in a relationship	24 (63.16)	72 (45.57)	65 (98.48)	161 (56.89)
- Missing	0	11 (6.51)	10 (13.16)	21 (7.42)
Employment status upon referral				
- Employed/working	5 (13.16)	106 (62.72)	0	111 (39.22)
- Unemployed	7 (18.42)	43 (25.44)	76 (100)	108 (38.16)
- Retired	0	7 (4.14)	0	7 (2.47)
- Missing	26 (68.42)	13 (7.69)	0	57 (20.14)
Service branch				
- Army	33 (86.84)	141 (83.43)	68 (89.47)	243 (85.51)
- Naval Services	2 (5.26)	12 (7.10)	4 (5.26)	18 (6.36)
- RAF	3 (7.89)	16 (9.47)	3 (3.95)	22 (7.77)
- Missing	0	0	1 (1.32)	1 (0.35)
- Regular	38 (100)	156 (92.31)	67 (88.16)	261 (92.22)
- Reserve	0	6 (3.55)	1 (1.32)	7 (2.47)
- Missing	0	7 (4.14)	8 (10.53)	15 (5.3)
Rank				
- Officers	0	20 (11.83)	1 (1.32)	21 (7.42)
- NCO	0	80 (47.34)	18 (23.68)	98 (34.63)
- Enlisted	0	56 (33.14)	47 (61.84)	103 (36.4)
- Missing	38 (100)	13 (7.69)	10 (13.16)	61 (21.55)
Deployed				
- Yes	33 (86.86)	148 (87.57)	37 (48.48)	218 (84.1)
- No	4 (10.53)	12 (7.10)	4 (5.26)	20 (7.07)
- Missing	1 (2.63)	9 (5.33)	35 (46.05)	45 (15.9)
Discharge				
- Voluntary	11 (28.95)	88 (52.07)	25 (32.89)	124 (43.82)
- Involuntary - Medical	22 (57.89)	42 (24.85)	8 (10.53)	72 (25.44)
- Involuntary - Other	3 (7.89)	13 (7.69)	17 (22.37)	33 (11.66)
- Missing	2 (5.26)	26 (15.38)	26 (34.21)	54 (19.08)

Service length				
- Early Service Leaver (<4yrs)	7 (18.42)	15 (8.88)	25 (32.89)	47 (16.61)
- Mid-Long Service (4-21yrs)	28 (73.68)	99 (58.58)	36 (47.37)	163 (57.60)
- Full Service or more (≥22yrs)	3 (7.89)	32 (18.93)	4 (5.26)	39 (13.78)
- <i>Missing</i>	0	23 (13.61)	11 (14.47)	34 (12.01)
- <b><math>\bar{x}</math> (sd)</b>	<b>8.89(5.84)</b>	<b>11.71(8.25)</b>	<b>6.47(5.82)</b>	<b>9.91(7.66)</b>
Years since discharge				
- <2yrs	10 (26.32)	7 (4.14)	8 (10.52)	25 (8.83)
- 2-10yrs	18 (47.37)	78 (46.15)	23 (30.26)	119 (42.05)
- >10yrs	10 (26.32)	68 (40.23)	34 (44.74)	112 (35.58)
- <i>Missing</i>	0	16 (9.47)	11 (14.47)	27 (9.54)
- <b><math>\bar{x}</math> (sd)</b>	<b>7.02(6.74)</b>	<b>13.36(10.75)</b>	<b>13.44(11.17)</b>	<b>12.44(10.58)</b>
Injury Type				
- Mental	22 (57.89)	169 (100)	12 (15.79)	203 (71.73)
- Physical	7 (18.42)	0	5 (6.58)	12 (4.24)
- Social	0	0	19 (25)	19 (6.71)
- Mental, Physical	6 (15.79)	0	2 (2.63)	8 (2.83)
- Mental, Social	0	0	19 (25)	19 (6.71)
- Physical, Social	0	0	3 (3.95)	3 (1.06)
- Mental, physical, social	0	0	6 (7.89)	6 (2.12)
- <i>Missing</i>	3 (7.89)	0	10 (13.16)	13 (4.59)

Table 47: Demographic characteristics of the interview sample (n=32)

	Pseudonym	Age	Service branch	Rank	Enlistment reason	Years served	Service exp	Disch reason	Disch exp	Content leaving	Years since disch	WWTW injury type	*PHQ-9 change	*GAD-7 change
First Steps	Brian	40-49	Army	Enlisted	Curious	0-4	Positive	Medical	Neutral	Yes	20+	Mental	Improved	Improved
	Jessica	40-49	Army	Enlisted	All ever wanted	11-21	Positive	Medical	Negative	Couldn't wait	<2	Mental	Deteriorated	Improved
	Lenny	30-39	Army	Enlisted	All ever wanted	11-21	Mixture	Medical	Negative	Yes	<2	Mental	Deteriorated	Improved
	Eric	25-29	RAF	Enlisted	All ever wanted	5-10	Positive	Medical	Positive	Definitively not	<2	Physical	n/a	n/a
	Adrian	30-39	Army	Enlisted	Not sure what else to do	0-4	Mixture	Service no longer required	Neutral	Yes	6-10	Mental	n/a	n/a
	Ben	40-49	Army	NCO	Curious	+22	Positive	End of service	Positive	Yes	2-5	Mental	Deteriorated	Deteriorated
	Warren	40-49	Army	Enlisted	All ever wanted	5-10	Negative	Medical	Negative	Definitively not	11-20	Mental, Physical	Deteriorated	Deteriorated
	Raymond	40-49	Army	Enlisted	Curious	11-21	Positive	Voluntary	Negative	Yes	11-20	Unknown	n/a	n/a
	Joseph	40-49	Army	NCO	Escaping home life	22+	Positive	Medical	Negative	Yes	<2	Physical	Deteriorated	Improved
Head Start	Peter	40-49	Army	Officer	Unknown	11-21	Positive	Redundant	Neutral	Definitively not	6-10	Mental	n/a	n/a
	Henry	40-49	RAF	Officer	All ever wanted	22+	Positive	End of service	Positive	Yes	2-5	Mental	Improved	Improved
	Roger	50+	Army	NCO	Unknown	11-21	Mixture	Voluntary	Negative	Yes	20+	Mental	Improved	Improved
	Marcus	30-39	Naval	Enlisted	Not sure what else to do	11-21	Positive	Medical	Negative	No	2-5	Mental	Deteriorated	Deteriorated
	Hamish	30-39	Army	Enlisted	Unknown	5-10	Mixture	Medical	Negative	Definitively not	2-5	Mental	Improved	Improved
	Callum	50+	RAF	NCO	Family tradition	0-4	Ambivalent	Voluntary	Neutral	Yes	20+	Mental	Improved	Improved

	Pseudonym	Age	Service branch	Rank	Enlistment reason	Years served	Service exp	Disch reason	Disch exp	Content leaving	Years since disch	WWTW injury type	*PHQ-9 change	*GAD-7 change
	Shaun	50+	Naval	Enlisted	Family tradition	22+	Positive	End of service	Positive	Yes	11-20	Mental	Deteriorated	Improved
	Jacob	50+	RAF	Officer	Family tradition	22+	Positive	Medical	Positive	Yes	2-5	Mental	Improved	Improved
	Bill	50+	Army	NCO	All ever wanted	22+	Positive	End of service	Neutral	Definitively not	6-10	Mental	No change	No change
	Arthur	40-49	RAF	NCO	All ever wanted	5-10	Mixture	Medical	Negative	Definitively not	20+	Mental	Improved	Improved
	Max	30-39	Army	Enlisted	All ever wanted	5-10	Mixture	Service no longer required	Negative	Couldn't wait	6-10	Mental	Improved	Improved
	Tom	50+	Army	Enlisted	Curious	0-4	Ambivalent	As of right	Negative	Yes	20+	Mental	No change	Improved
	Nigel	30-39	Naval	Enlisted	All ever wanted	5-10	Positive	Voluntary	Neutral	Yes	2-5	Mental	Improved	Improved
	Jonathan	40-49	Army	NCO	Family tradition	5-10	Mixture	Voluntary	Neutral	Yes	11-20	Mental	Improved	Improved
	Freddie	30-39	Army	Enlisted	All ever wanted	11-21	Mixture	Voluntary	Positive	Couldn't wait	2-5	Mental	n/a	n/a
Home Straight	Frank	50+	Army	Enlisted	Curious	5-10	Mixture	Redundant	Negative	Ambivalent	20+	Social, mental	n/a	n/a
	James	40-49	Army	NCO	Unknown	11-21	Positive	Voluntary	Negative	Yes	11-20	Social	n/a	n/a
	Patrick	50+	Army	NCO	All ever wanted	22+	Positive	End of service	Negative	Yes	11-20	Social	n/a	n/a
	Geoff	40-49	Army	Enlisted	All ever wanted	5-10	Positive	Medical	Negative	Definitively not	11-20	Mental, physical, social	n/a	n/a
	Ken	50+	Army	Enlisted	Curious	11-21	Positive	Voluntary	Negative	Yes	11-20	Unknown	Deteriorated	Deteriorated
	Joshua	50+	Army	NCO	Not sure what else to do	11-21	Positive	Voluntary	Neutral	Yes	20+	Mental, social	n/a	n/a

	Pseudonym	Age	Service branch	Rank	Enlistment reason	Years served	Service exp	Disch reason	Disch exp	Content leaving	Years since disch	WWTW injury type	*PHQ-9 change	*GAD-7 change
	Harry	31-39	Army	Enlisted	All ever wanted	5-10	Positive	Medical	Negative	No	2-5	Mental, social	n/a	n/a
	Ronnie	40-49	Naval	NCO	Unknown	11-21	Positive	Involuntary - Unsuitable	Neutral	Neutral	6-10	Mental, social	n/a	n/a

Table 48: Comparison of demographic characteristics across all three WWTW programmes, between those who engaged in the evaluation and those who did not.

	<b>Evaluation responder n=117</b>	<b>Evaluation non-responder n=147</b>	<b>X<sub>2</sub>, (p-value)</b>
Age Groups			
- 20-24	1 (0.85)	6 (4.17)	7.3699 (0.118)
- 25-29	8 (6.84)	18 (12.50)	
- 30-39	37 (31.62)	52 (36.11)	
- 40-49	37 (31.62)	37 (25.69)	
- 50+	34 (29.06)	31 (21.53)	
Relationship status			2.5903 (0.108)
- In a relationship	48 (45.71)	49 (35.51)	
- Not in a relationship	57 (54.29)	89 (64.49)	
Employment status upon referral			5.5872 (0.134)
- Employed	49 (57.6)	48 (43.2)	
- Unemployed	35 (41.2)	57 (51.4)	
- Retired	1 (1.2)	5 (4.5)	
- In education	0	1 (0.9)	
Service branch			4.6525 (0.098)
- Army	96 (82.05)	128 (87.67)	
- Naval Services	7 (5.98)	11 (7.53)	
- RAF	14 (11.97)	7 (4.79)	
- Regular	106 (95.5)	136 (98.6)	2.1017 (0.147)
- Reserve	5 (4.5)	2 (1.4)	4.3234 (0.115)
Rank			
- Officers	10 (50)	10 (11.1)	
- Non-Commissioned Officers	45 (51.14)	43 (37.7)	
- Enlisted	35 (36.46)	61 (53.5)	0.9868 (0.321)
Deployed			
- Yes	98 (94.2)	107 (90.7)	
- No	6 (5.8)	11 (9.3)	5.6622 (0.129)
Discharge			
- Voluntary	52 (55.3)	60 (49.6)	
- Involuntary - Medical	33 (35.1)	35 (28.9)	
- Involuntary - Other	8 (8.5)	24 (19.8)	
- Other	1 (1.1)	2 (1.6)	3.4379 (0.179)
Service length			
- Early Service Leaver (<4yrs)	19 (18.63)	19 (18.63)	
- Mid-Long Service (4-21yrs)	87 (67.97)	61 (59.80)	
- Full Service (≥22yrs)	16 (12.50)	22 (21.57)	4.8699 (0.088)
Years since discharge			
- <2yrs	16 (15.53)	9 (6.72)	
- 2-10yrs	45 (43.69)	67 (50.00)	
- >10yrs	42 (40.78)	58 (43.28)	10.5064 (0.105)
Injury Type			
- Mental	89 (79.5)	99 (71.2)	
- Physical	7 (6.3)	5 (3.6)	
- Social	5 (4.5)	13 (9.4)	
- Mental, Physical	5 (4.5)	3 (2.2)	
- Mental, Social	4 (3.6)	15 (10.8)	
- Physical, Social	0	2 (1.4)	
- Mental, physical, social	2 (1.8)	2 (1.4)	

## 5.2. Head Start Results

Table 49: Comparison of demographic characteristics between those who achieved their primary outcome and those who did not, (n=52)

Baseline – Follow-up	PHQ-9			GAD-7		
	≥6 point change n=13	<6 point change n=39	x <sup>2</sup> (p-value)	≥4 point change n=27	<4 point change n=25	x <sup>2</sup> (p-value)
Age Groups						
- <40	3 (23.08)	11 (28.21)	1.9740 (0.373)	6 (22.22)	8 (32.00)	2.6445 (0.267)
- 40-49	6 (46.15)	10 (25.64)		11 (40.74)	5 (20.00)	
- 50+	4 (30.77)	18 (46.15)		10 (37.04)	12 (48.00)	
Relationship status						
- In a relationship	8 (66.7)	23 (67.6)	0.0039 (0.950)	14 (58.3)	17 (77.3)	1.8736 (0.171)
- Not in a relationship	4 (33.3)	11 (32.4)		10 (41.7)	5 (22.7)	
Employment status upon referral						
- Employed	9 (75)	25 (73.5)	0.0099 (0.921)	17 (73.9)	17 (73.9)	0.000 (1.000)
- Not employed	3 (25)	9 (26.5)		6 (26.1)	6 (26.1)	
Service branch						
- Army	5 (38.5)	32 (82.1)	9.0581 (0.011)	18 (66.7)	19 (76)	0.7694 (0.681)
- Naval Services	2 (15.4)	2 (5.1)		2 (7.4)	2 (8)	
- RAF	6 (46.1)	5 (12.8)		7 (25.9)	4 (16)	
- Regular	12 (100)	36 (94.7)	0.6579 (0.417)	25 (100)	23 (92)	2.0833 (0.149)
- Reserve	0	2 (5.3)		0	2 (8)	
Rank						
- Officers	5 (45.5)	3 (8.1)	11.2584 (0.004)	5 (20.8)	3 (12.5)	0.7857 (0.675)
- NCO	6 (54.5)	20 (54.1)		13 (54.2)	13 (54.2)	
- Enlisted	0	14 (37.8)		6 (25)	8 (33.3)	
Deployed						
- Yes	13 (100)	35 (94.6)	0.7320 (0.392)	24 (96)	24 (96)	0.000 (1.000)
- No	0	2 (5.4)		1 (4)	1 (4)	



Discharge						
- Voluntary	10 (83.33)	17 (54.84)	3.0064	17 (77.27)	10 (47.62)	4.0437
- Involuntary	2 (16.67)	14 (45.16)	(0.083)	5 (22.73)	11 (52.38)	(0.044)
Service length						
- Early Service Leaver (<4yrs)	0	3 (8.57)	1.7694,	1 (4.55)	2 (8.33)	0.4568
- Mid-Long Service (4-21yrs)	6 (54.55)	22 (62.86)	(0.413)	13 (59.09)	15 (62.50)	(0.796)
- Full Service (≥22yrs)	5 (45.45)	10 (28.57)		8 (36.36)	7 (29.15)	
Years since discharge						
- <2yrs	2 (18.18)	2 (5.71)	2.2450 (0.325)	3 (13.64)	1 (4.17)	1.4329
- 2-10yrs	6 (54.55)	17 (48.57)		11 (50.00)	12 (50.00)	(0.488)
- >10yrs	3 (27.27)	16 (45.71)		8 (36.36)	11 (45.83)	

### 5.3. First Steps Results

Table 50: Comparison of demographic characteristics between those who participated in the evaluation and those who did not.

	<b>Evaluation responder (n=19)</b>	<b>Evaluation non-responder (n=19)</b>	<b>x<sup>2</sup> (p-value)</b>
Age Groups			
- <40	12 (63.16)	14 (73.68)	0.4872
- 40+	7 (36.84)	5 (26.32)	(0.485)
Relationship status			
- In a relationship	8 (42.11)	6 (31.58)	0.4524
- Not in a relationship	11 (57.89)	13 (68.42)	(0.501)
Service branch			
- Army	18 (94.74)	15 (78.95)	2.6061
- Naval Services	0	2 (10.53)	(0.272)
- RAF	1 (5.26)	2 (10.53)	
Discharge			
- Voluntary	4 (38.89)	7 (22.22)	1.1782
- Involuntary	14 (61.11)	11 (77.78)	(0.278)
Service length			
- Early Service Leaver (<4yrs)	3 (15.79)	4 (21.05)	3.2857
- Mid-Long Service (4-21yrs)	13 (68.42)	15 (78.95)	(0.193)
- Full Service (≥22yrs)	3 (15.79)	0	
Years since discharge			
- <2yrs	8 (42.11)	2 (10.53)	7.5556
- 2-10yrs	5 (26.32)	13 (68.42)	(0.023)
- >10yrs	6 (31.58)	4 (21.05)	

### 5.4. Home Straight Results

Table 51: Comparison of demographic characteristics between those who participated in the evaluation and those who did not.

	<b>Evaluation responder n=22</b>	<b>Evaluation non-responder n=48</b>	<b>x<sup>2</sup> (p-value)</b>
Age Groups			
- 20-24	0	6 (13.04)	
- 25-29	4 (18.18)	7 (15.22)	
- 30-39	6 (27.27)	13 (28.26)	3.4236
- 40-49	6 (27.27)	11 (23.91)	(0.490)
- 50+	6 (27.27)	9 (19.57)	
Relationship status			
- In a relationship	0	1 (2.44)	0.4713
- Not in a relationship	19 (100)	40 (97.56)	(0.492)
Service branch			
- Army	19 (86.36)	43 (91.49)	0.6512
- Naval Services	2 (9.09)	2 (4.26)	(0.722)

- RAF	1 (4.55)	2 (4.26)	
Rank			
- Officers	0	1 (2.44)	0.5389
- NCO	5 (25)	11 (26.83)	(0.764)
- Enlisted	15 (75)	29 (60.73)	
Deployed			
- Yes	12 (100)	22 (88)	1.5671
- No	0	3 (12)	(0.211)
Discharge			
- Voluntary	8 (66.67)	15 (44.12)	1.8039
- Involuntary	4 (33.33)	19 (55.88)	(0.179)
Service length			
- Early Service Leaver (<4yrs)	8 (44.44)	16 (39.02)	1.8912
- Mid-Long Service (4-21yrs)	10 (55.56)	21 (51.22)	(0.388)
- Full Service (≥22yrs)	0	4 (9.76)	
Years since discharge			
- <2yrs	4 (22.22)	4 (9.76)	1.7517
- 2-10yrs	5 (27.78)	15 (36.59)	(0.417)
- >10yrs	9 (50)	22 (53.66)	

\*data may not add up to 70, due to missing data

Table 52: Comparison of demographic characteristics between those who completed their Home Straight programme and those who did not, (n=47)

	<b>Completer n=21</b>	<b>Non-completer n=26</b>	<b>x<sup>2</sup> (p-value)</b>
Age Groups			
- 20-24	2 (10)	4 (15.38)	4.1568
- 25-29	6 (30)	5 (19.23)	(0.385)
- 30-39	6 (30)	4 (15.38)	
- 40-49	2 (10)	8 (30.77)	
- 50+	4 (20)	5 (19.23)	
Relationship status			
- In a relationship	0	0	n/a
- Not in a relationship	20 (100)	22 (100)	
Service branch			
- Army	20 (95.24)	24 (92.31)	2.8641
- Naval Services	0	2 (7.69)	(0.239)
- RAF	1 (4.76)	0	
- Regular	19 (100)	21 (95.45)	0.8852
- Reserve	0	1 (4.55)	(0.347)
Rank			
- Officers	1 (5)	0	9.0383
- NCO	8 (40)	1 (4.76)	(0.011)
- Enlisted	11 (55)	20 (95.24)	
Deployed			
- Yes	13 (86.67)	7 (87.5)	0.0032
- No	2 (13.33)	1 (12.5)	(0.955)
Discharge type			
- Voluntary	9 (60.00)	5 (27.78)	3.4778
- Involuntary	6 (40.00)	13 (72.22)	(0.062)
Service length			

- Early Service Leaver (<4yrs)	5 (23.81)	11 (52.38)	4.2500 (0.119)
- Mid-Long Service (4-21yrs)	15 (71.43)	10 (47.62)	
- Full Service ( $\geq$ 22yrs)	1 (4.76)	0	
Years since discharge			
- <2yrs	5 (23.81)	1 (4.76)	3.1167 (0.210)
- 2-10yrs	7 (33.33)	9 (42.86)	
- >10yrs	9 (42.86)	11 (52.38)	

*\*Still engaged, n=21*

*\*\*data may not add up to 47, due to missing data*

## APPENDIX 6. Qualitative Data – Work-related Identity

Table 53: Militarisation categories, dimensions and elements

Categories	Dimensions (n)	Elements
<b>Enlistment reason</b>	All ever wanted (13)	<ul style="list-style-type: none"> <li>- Played soldier-based games as a child.</li> <li>- Attended military associated social groups during teens.</li> <li>- Signed up on final day of school, as there was no other option in their mind.</li> <li>- Dreamt about serving their country for as long as they could remember.</li> </ul>
	Escapism (3)	<ul style="list-style-type: none"> <li>- Trying to avoid getting caught up in crime.</li> <li>- Poor home life and poverty pushed them into a stable occupation and life, where they knew they never needed to worry again.</li> <li>- Tried to escape the loneliness of home life.</li> </ul>
	Family tradition / expectation (4)	<ul style="list-style-type: none"> <li>- Close family members (e.g. parents, sibling) were in the military.</li> <li>- Grew up in a military family and it was all they ever knew, did not consider other options.</li> <li>- Had been told from a young age that they would follow family tradition, not given an option.</li> <li>- Sense of expectation even though not stated out loud.</li> </ul>
	Curious / spontaneous (6)	<ul style="list-style-type: none"> <li>- Signed up during lunch break while at college.</li> <li>- Intrigued by media coverage and thought it looked interesting.</li> <li>- Did not know what else to do, no other occupations caught their attention.</li> <li>- They were swept up in the moment and persuaded by their friends who were joining.</li> </ul>
<b>Immersive</b>	More than a job (11)	<ul style="list-style-type: none"> <li>- They felt as though they lived, ate, breathed the military, whether wanted to or not.</li> <li>- Not only a job, a way of life.</li> <li>- All they ever wanted to do and made sense to give their entire life to serve.</li> </ul>

	Not a job (3)	<ul style="list-style-type: none"> <li>- Getting paid to be fit with a group of friends.</li> <li>- Excitement and fun almost every day.</li> </ul>
	Loss of civilian self (6)	<ul style="list-style-type: none"> <li>- Completely institutionalised, a necessity to get through such a critical job.</li> <li>- Twelve weeks of basic training to lose civilian identity.</li> <li>- Civilian self ceases to exist.</li> <li>- In hindsight, they felt they were indoctrinated, justifying that as the only reason for their behaviour and length of service.</li> <li>- The military changed everything about them; the way they walked, talked, looked, stood, thought.</li> </ul>

Table 54: Exit expectation and experience categories, dimensions and elements

Categories	Dimensions	Elements
<b>Belonging</b>	Loss	<ul style="list-style-type: none"> <li>- They felt they had lost their hardiness.</li> <li>- Losing their regiment was like losing family.</li> <li>- They felt like they were on the 'outside', they had lost their ability to be 'inside'.</li> <li>- The speed with which they were discharged and told to hand their kit and ID card in, made them feel like they were forgotten and just a number.</li> <li>- The sense of the loss of their life was overwhelming, but it needed to be replaced quickly, before it dictated the rest of their life.</li> <li>- Realisation of no longer having a career, no longer being in their role.</li> <li>- Handing in their ID card at the gates felt like they had lost themselves, they felt lonely and uncertain.</li> <li>- Having a mental health problem made them lose faith in themselves as a soldier, as a man.</li> <li>- They missed the small tasks that structured their day.</li> <li>- Felt like their life was now out of control, when the military wasn't in control of it.</li> </ul>
	Value	<ul style="list-style-type: none"> <li>- Much better exit support than any other company would provide. Had worked for and since retired</li> </ul>

Categories	Dimensions	Elements
		<p>from civilian Emergency Services and received no such support.</p> <ul style="list-style-type: none"> <li>- Any course they wanted was on offer, plenty to choose from.</li> <li>- Provision was extensive. Really valued resettlement being available two years post-discharge, when they were more focused.</li> <li>- Assisted in considering what lay ahead in civilian life.</li> <li>- They were met with understanding, and flexibility offered enabled them to juggle their demands.</li> <li>- Covered the basics of civilian life that they did not consider.</li> <li>- Made an offer to stay.</li> <li>- Given opportunity to change mind if they wanted to, even up to day before discharge.</li> <li>- Excellent support; given time and information.</li> <li>- Regimental support to stay in service, but decision was made higher up.</li> <li>- Was able to go on any and every course they wanted.</li> <li>- Welfare Officer provided was excellent, helping with resettlement and family welfare.</li> </ul>
	Rejection	<ul style="list-style-type: none"> <li>- Hand ID card in to clerk alone, no goodbyes.</li> <li>- Voluntarily discharged due to lack of support.</li> <li>- Chose to leave, wrote letter of resignation, no response, except a notice for when to hand kit in.</li> <li>- Time limit to collect belongings, rest was thrown away.</li> <li>- Given menial duties, even though still serving and could do their job.</li> <li>- Felt like they were kicked out, even though discharge was honourable.</li> <li>- Had to fight battalion for a Welfare Officer, which they were entitled to due to medical discharge.</li> <li>- Everything was an up-hill struggle with Commanding Officer during notice period.</li> <li>- Lack of support for their future as soon as discharge notice served; continuously told they were needed at</li> </ul>

Categories	Dimensions	Elements
		<p>last minute, couldn't attend courses, or Commanding Officer not signing off for attendance of courses.</p> <ul style="list-style-type: none"> <li>- History of good service no longer mattered, deemed weak and a failure.</li> <li>- Never thanked for service.</li> <li>- Treated guilty until proved innocent.</li> <li>- Instant change in treatment the day they were told they were leaving, cold interactions.</li> <li>- Surplus to requirement; no courses left to attend and given no duties to do. This was considered their problem, not a military problem any more.</li> <li>- Not given a discharge timeline, walking through blind.</li> <li>- Leaving the military was a very lonely journey.</li> <li>- Challenging to navigate when juggling complications of a medical discharge as no support or allowances offered.</li> <li>- Welfare and resettlement officers only had knowledge about the usual/aligned career routes, outside of this, ExSP were on their own.</li> <li>- Encouraged to be realistic not ambitious, made to believe they were not good enough for high level civilian work.</li> <li>- Minimal support if nearing civilian retirement age, but still needed to work.</li> <li>- Left to fend for themselves, not given realistic and holistic guidance; ExSP chose to prepare house, not encouraged to learn the practical aspects of civilian life first (paying bills, processes in renting/getting mortgage).</li> <li>- Implied that Senior ranking personnel should know the process, so less guidance offered.</li> </ul>
<b>Discharge satisfaction</b>	Sudden shock	<ul style="list-style-type: none"> <li>- A few minor medical/physical issues that they felt could have been managed or treated.</li> <li>- Falsely accused of a crime and discharged almost instantly.</li> <li>- Out of the blue, deemed unsuitable.</li> <li>- Redundancy, with minimal notice.</li> </ul>



Categories	Dimensions	Elements
		<ul style="list-style-type: none"> <li>- Should not have been discharged with such severe medical needs, should have been treated/stabilised in-service first.</li> <li>- Discharge is very quick, not until they were sat at home without your ID card that reality took hold.</li> <li>- Voluntarily signed off but a loop hole was found for a quicker discharge.</li> </ul>
	Expected but unwanted	<ul style="list-style-type: none"> <li>- Long term medical issues that were being treated but deemed unfit for service.</li> <li>- Felt as though they could have changed jobs/roles rather than discharged.</li> <li>- Had some mental health difficulties after a tour and felt as though they were pushed out.</li> <li>- They fought to stay in, dragged out for years on different medical boards, but it was the end of an era.</li> <li>-</li> </ul>
	Content	<ul style="list-style-type: none"> <li>- Chose to leave, under their control.</li> <li>- Had served country full and well, felt satisfied.</li> <li>- Medically discharged but felt it was right decision.</li> <li>- The Armed Forces was changing into something they no longer recognised or liked, time for a change.</li> <li>-</li> </ul>
	Delayed/dragging	<ul style="list-style-type: none"> <li>- Notification to final day was too long.</li> <li>- Too much red tape and paperwork.</li> <li>- Attending courses to fill time, as couldn't engage in duties.</li> <li>-</li> </ul>

Table 55: Occupation/Vocation categories, dimensions and elements

Categories	Dimensions	Elements
<b>Duty importance</b>	Internalised importance (18)	<ul style="list-style-type: none"> <li>- Strong work ethic because lives often depended on it.</li> <li>- The 'military way' is the right way, always.</li> <li>- Loyalty, teamwork and communication, was required to achieve tasks.</li> </ul>

Categories	Dimensions	Elements
		<ul style="list-style-type: none"> <li>- No such thing as quitting, and this will be carried with them forever.</li> <li>- Following through on tasks, however mundane.</li> <li>- When they were asked to do something they did it, no questions, no delays.</li> <li>- Punctuality and physical presentation were crucial to them.</li> <li>- They were trained to survive, and survive well, using their intellect and skills.</li> <li>- People's lives depended on their actions.</li> <li>- When they were serving, they were fighting for their country and felt needed and important.</li> <li>- Felt a sense of entitlement and superiority over civilians, and also over those of lower ranks.</li> </ul>
	Excitement (12)	<ul style="list-style-type: none"> <li>- There could be no better job out there.</li> <li>- They loved their job, they worked extremely hard and felt their role fitted them perfectly.</li> <li>- They felt a sense of immortality, through their training and purpose.</li> <li>- After a tour, they felt high, on a pedestal, with a rush of lasting adrenaline.</li> <li>- A lot of responsibility on their shoulders, with people's lives in their hands.</li> <li>- Too much pressure and too much to do to get bored in the military.</li> <li>- They would do all sorts of 'crazy' things to fight off the boredom when tasked on mundane duties.</li> <li>- Boredom equalled danger in the Armed Forces.</li> <li>- No match in civilian world for the adrenaline rush from the military.</li> <li>- No other civilian role has the same level of value.</li> </ul>
	Hierarchy (14)	<ul style="list-style-type: none"> <li>- They were a mediocre soldier, just doing what they were told.</li> <li>- There are different degrees of military, with the infantryman the most active and committed.</li> <li>- Respect and authority was engrained in them.</li> </ul>

Categories	Dimensions	Elements
		<ul style="list-style-type: none"> <li>- They earned a number of medals, more than most soldiers.</li> <li>- Medals were a measure of soldier.</li> </ul>
<b>Seeking purpose</b>	Irreplaceable sense of purpose	<ul style="list-style-type: none"> <li>- Civilian employment cannot provide the same level of satisfaction.</li> <li>- Difficulties experienced in finding employment.</li> <li>- Did not last long in many jobs as they were so boring.</li> <li>- Office jobs weren't for them, and that's mainly what civilians do.</li> <li>- Constantly searching for the ultimate job, but just could not find it.</li> <li>- Enlisted in the reserves to try to find some purpose again.</li> <li>- Enlisted in a different service branch as couldn't find anything in civilian life that suited them.</li> <li>- Long periods of unemployment as could not tolerate pointless jobs.</li> </ul>
	Abstract transferability	<ul style="list-style-type: none"> <li>- Deliberate search for unrelated work, to avoid negative memories.</li> <li>- Found meaning in teaching, using leadership and communication skills.</li> <li>- Considered all the things they learnt in the Army and set up own business offering those skills.</li> <li>- More satisfaction found in civilian employment than in AF.</li> <li>- Civilian employers appreciate the small things, AF do not.</li> <li>- Excitement and satisfaction found in unrelated work</li> </ul>

Table 56: Psychological adjustment categories, dimensions and elements

Categories	Dimensions	Elements
<b>Control</b>	Agency & autonomy	<ul style="list-style-type: none"> <li>- Made the decision to leave, leaving on own accord.</li> <li>- Experienced a freedom to think and decide for themselves outside of the military bubble.</li> </ul>

Categories	Dimensions	Elements
		<ul style="list-style-type: none"> <li>- A sense of relief being able to choose their own appearance.</li> <li>- They deliberately grew their hair and infrequently shaved out of protest of their former military life.</li> <li>- They felt as though they gained a life rather than lost it.</li> <li>- They valued the small things in life, being able to choose the colour of their bedroom wall and plant flowers in their garden.</li> <li>- There is now a reduced sense of responsibility, a weight off their shoulders.</li> <li>- They were enjoying the freedom to fail and the freedom to achieve.</li> <li>- The discharge and transition altered everything they knew, they felt they had no control over anything and did not feel settled.</li> <li>- They felt no sense of purpose or duty anymore, no one pushing them to be a better person.</li> <li>- After years of feeling out of control in civilian life, they are beginning to feel independent.</li> <li>- There is no one telling them what to do, how are they supposed to know what to do.</li> </ul>
<b>Acceptance</b>	Stuck in the past	<ul style="list-style-type: none"> <li>- While trying to mentally come to terms with discharge, the last thing on their minds were civilian courses.</li> <li>- After discharging from the regulars, they enlisted in the reserves.</li> <li>- Still feeling as though they were cheated out of their life.</li> <li>- They felt they could not work with 'civilians', only felt able to work in a military dominated environment, or not work.</li> <li>- Felt as though they could not work at all, their mental health and their values and principles did not fit in the civilian world.</li> <li>- Struggling with the structure of a 9-5, Monday to Friday working week, feeling unable to enjoy or maintain it long term.</li> </ul>

Categories	Dimensions	Elements
		<ul style="list-style-type: none"> <li>- Drinking out of boredom and not sure what else to do.</li> <li>- Only military people understand, that's why they do not socialise, there is no point in going out.</li> <li>- Isolation is a fact of life in the civilian world.</li> <li>- Devastated by loss of career, still angry at the military even years later.</li> <li>- Angry at self for making the wrong decision to leave, regretting it every day.</li> <li>- Openly admits not wanting to accept their illness or discharge, even though they know they need to.</li> <li>- They ignore their letters and bills, as it is too much to deal with.</li> <li>- Life was easier in the military, it is hard, boring and miserable in the civvy street.</li> <li>- They have veteran friends, they work as a civilian on a military base, there is no need to integrate.</li> <li>- They still live by military rules and regulations, it's easier.</li> <li>- Lost several jobs as they can't tolerate the civilian attitude.</li> <li>- They feel they have failed as a civilian, as they can't seem to get a job.</li> <li>- They chose to live on the streets as they couldn't engage in civilian life, they wanted to be doing what they were trained to do, survive.</li> <li>-</li> </ul>
	Opening up to the future	<ul style="list-style-type: none"> <li>- Only now beginning to loosen self-imposed structure on life, being less rigid with their alarm clock, starting to wear colours.</li> <li>- To adjust, they had to cut out all things military from their life.</li> <li>- Joined social groups and clubs to begin to make new friends.</li> <li>- The military has given them an abundance of desirable life and employment skills, the world is their oyster.</li> <li>- Life is so much more relaxed and enjoyable in real world, moving at a nicer pace.</li> </ul>

Categories	Dimensions	Elements
		<ul style="list-style-type: none"> <li>- They are finally happy, they felt it took two years to get there.</li> <li>- They have found a job they enjoy and suits them, they are excited about the future.</li> <li>- Finding a partner gave them a purpose, they had a reason to try.</li> </ul>
<b>Worth</b>	Appraisal	<ul style="list-style-type: none"> <li>- Feeling as though they were highly regarded and valued by the Armed Forces, to being anonymous almost overnight.</li> <li>- Having a sense of purpose and job pride, to working in a menial and unwanted role.</li> <li>- They knew that military men were meant to be resilient and strong but being medically discharged meant they had failed and were weak.</li> <li>- When they were serving, they were fighting for their country and felt needed and important, but in reality, they realised that no one (civilians) really cared.</li> <li>- They felt invincible and invulnerable in service and felt completely the opposite after discharge.</li> <li>- After many years of service, they received no thanks and no goodbye.</li> <li>- They joined the military as a career soldier, to be involuntarily discharged after only a few years, their future had disappeared.</li> </ul>
	Loss	<ul style="list-style-type: none"> <li>- They felt they had lost their hardiness.</li> <li>- Losing their regiment was like losing family.</li> <li>- They felt like they were on the 'outside', they had lost their ability to be 'inside'.</li> <li>- The speed with which they were discharged and told to hand their kit and ID card in, made them feel like they were forgotten and just a number.</li> <li>- The sense of the loss of their life was overwhelming, but it needed to be replaced quickly, before it dictated the rest of their life.</li> <li>- Realisation of no longer having a career, no longer being in their role.</li> </ul>

Categories	Dimensions	Elements
		<ul style="list-style-type: none"> <li>- Handing in their ID card at the gates felt like they had lost themselves, they felt lonely and uncertain.</li> <li>- Having a mental health problem made them lose faith in themselves as a soldier, as a man.</li> <li>- They missed the small tasks that structured their day.</li> <li>- Felt like their life was now out of control, when the military wasn't in control of it.</li> <li>-</li> </ul>

Table 57: Post-military identity typology summary table

Typology	Identity	Employment
Enduring soldier	<ul style="list-style-type: none"> <li>- They are a soldier on long leave.</li> <li>- The body changes, but the mind doesn't.</li> <li>- They will always be locked in to Army mode until they die.</li> <li>- All they know and want to be.</li> <li>- An integrated mentality that they can't escape once they have gone there.</li> <li>- It transformed them as a human, why would they want to let that go.</li> <li>- They feel that you can make a civilian into a soldier, but you can't make a soldier into a civilian.</li> <li>- After so many years, they are military through and through.</li> <li>- They feel it is impossible to alter their mindset of being a soldier.</li> <li>- It is in their DNA, their blood, they were born that way, that's why they joined, so they can't be anything else.</li> <li>- When they passed basic training, they gave up their former selves and they can't get that back.</li> <li>- They haven't broken away, they are trying but feel it is futile.</li> </ul>	<ul style="list-style-type: none"> <li>- Attempting to set up a business as they do not feel they can work with civilians and feels they shouldn't have to deal with someone like him.</li> <li>- Intolerance to adjust to civilian working practices.</li> <li>- Short and inconsistent work pattern.</li> <li>- Frequent struggle to not get fired or quit.</li> <li>- Distrust of civilian organisations.</li> <li>- Feelings of disadvantage being an ExSP in civilian work.</li> </ul>

Typology	Identity	Employment
	<ul style="list-style-type: none"> <li>- They are military, not ex-service or a veteran.</li> <li>- Everything about them is military, not just their mind.</li> <li>- There is no such thing as 'ex-service'.</li> <li>- Their service is all they are, there is nothing else.</li> <li>- They wear their veterans badge everyday they very proud.</li> <li>- They are a veteran, not a civilian, no one can be both.</li> <li>- Civilians are different types of people, there are no similarities or commonalities.</li> </ul>	<ul style="list-style-type: none"> <li>- Sense of entitlement and elevated sense of worth above civilians.</li> </ul>
Transformed veteran	<ul style="list-style-type: none"> <li>- They wear their badge around Remembrance Day, they are very proud.</li> <li>- They know they are a veteran by definition, but there is more to them, they don't like the word to define them.</li> <li>- They are proud to have served and it made them who they are, but their service is in the past.</li> <li>- It defines them, and they want to share this with civilians to educate and promote veterans.</li> <li>- They are a veteran now, but only recently, now they have settled in to civilian life.</li> <li>- They attend veteran's services and parades as they feel they should, it is their duty.</li> </ul>	<ul style="list-style-type: none"> <li>- Initial adjustment to civilian working culture.</li> <li>- Stable employment history after initial adjustment.</li> <li>- Often preferred the way the AF operated; strict hierarchies, respect, authority, feedback.</li> <li>- Saw many positives in civilian employment as well; more laid back, less dangerous.</li> <li>- Those with role-based identity found stable employment in similar work.</li> <li>- More stability if working in roles with veteran colleagues or</li> </ul>



Typology	Identity	Employment
		reflecting military skills.
Rejected veteran	<ul style="list-style-type: none"> <li>- They do not get involved with anything veteran related, they do not like it.</li> <li>- Feels uncomfortable with their military service, proud to have served but ashamed.</li> <li>- They don't want to have anything to do with the Armed Forces or be associated in any way.</li> <li>- They have burned their uniform and sold their medals.</li> <li>- They avoid all military related parades and veteran's services.</li> <li>- They do not disclose their military background to others.</li> <li>- They feel let down by the Government and the MOD.</li> <li>- Lives in fear of wanting to re-join, so ignores and avoid everything military.</li> </ul>	<ul style="list-style-type: none"> <li>- They feel their military background has hindered them occupationally.</li> <li>- Unable to see how anything from their military past could be an asset.</li> <li>- Do not acknowledge or disclose their military history on applications.</li> <li>- Avoid social work relations to avoid getting in to conversations about their past.</li> <li>- Often have not yet found a job they want to do or enjoy.</li> <li>- Inconsistent working patterns, changing jobs/sectors regularly.</li> <li>- Strong desire to work but limited in perspective.</li> <li>- Experiencing a constant struggle to maintain employment; needing military structure/practices</li> </ul>

Typology	Identity	Employment
		but not wanting them.
Civilian veteran	<ul style="list-style-type: none"> <li>- They are proud of their service, but their service is in the past.</li> <li>- They never felt very military even when serving.</li> <li>- They feel unwanted pressure to attend parades and services or wear their uniform or medals.</li> </ul>	<ul style="list-style-type: none"> <li>- Sense of hopelessness towards an employed future.</li> <li>- Most have not found employment and feel no sense of purpose or wellbeing.</li> </ul>
Lost person	<ul style="list-style-type: none"> <li>- They are trying to detach but feel unable to.</li> <li>- They do not want to be military anymore, but do not feel like a civilian.</li> <li>- They feel an avoidance to accept reality.</li> <li>- They were discharged so they failed at being a soldier and can't get a job, so they have failed at being a civilian.</li> <li>- Leaving the Armed Forces, you come out as an ex-person.</li> <li>- They find it hard to talk about themselves and do not know who they are.</li> <li>- The biggest challenge they have faced in leaving the military is finding a new identity.</li> <li>- They feel they have never really know who they were.</li> <li>- They feel proud and distressed at the same time.</li> <li>- Feel as they have let the public down, they are not good enough to be in the Armed Forces anymore, they don't know who they deserve to be now. They have no sense of worth.</li> <li>- They feel they have fallen from grace, all they knew about themselves is no longer true.</li> </ul>	<ul style="list-style-type: none"> <li>- Primarily unemployed civilian working history.</li> <li>- Constant battle to remain employed; emotionally and cognitively.</li> <li>- Mental health problems hindering employment stability.</li> </ul>

Typology	Identity	Employment
	<ul style="list-style-type: none"> <li>- There was no closure when they discharged, feels like they have been left hanging.</li> <li>- People they meet expect them to be strong, hardy and resilient when they are not, they do not know who to be.</li> </ul>	
Veteran definition	<ul style="list-style-type: none"> <li>- An old person who served in the Second World War or the Falklands.</li> <li>- Served the minimum term of four years.</li> <li>- Served more than 10 years.</li> <li>- Was deployed to a conflict zone.</li> <li>- It's an American word, not a British word, they don't like it and don't define it.</li> <li>- An ex-service person is someone who served but did not see any action or had a desk job.</li> <li>- There is no such thing as ex-service, it doesn't exist.</li> <li>- If they signed on the dotted line, they were prepared to serve; they are a veteran.</li> </ul>	